

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33711**

DECEASED **11 1952**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2587**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union	
c. LENGTH OF STAY (in this place) 18 days		d. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Frueh			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH July 9, 1933			9. AGE (in years last birthday) 19		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber's Helper		10b. KIND OF BUSINESS OR INDUSTRY Sanitation		11. BIRTHPLACE (City and State or Foreign Country) Union, Mo.	
			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Phillip Frueh		13b. MOTHER'S MAIDEN NAME Martha Ryser		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Phillip Frueh, Union, Mo. ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor		DUPLICATE Malignant				1 yr	
ANTECEDENT CAUSES		DUPLICATE 193X					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 21 Sept 52		19b. MAJOR FINDINGS OF OPERATION Brain tumor				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert R. Domke MD (Degree or title)		23b. ADDRESS Hampton Village		23c. DATE SIGNED 7-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-7-52		24c. NAME OF CEMETERY OR CREMATORY Union	
		24d. LOCATION (City, town, or county) (State) Union, Mo.			
DATE REC'D BY LOCAL REG. 10-7-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Bl	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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No. 300
10-48

1948
JAN 2 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Wilburson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.