

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1957

STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **11825**

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3432 Arlington Ave.		Length of stay in lb 50 yrs	
d. STREET ADDRESS 3432 Arlington Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henry Frueh			4. DATE OF DEATH Month Day Year 12-7-57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1869
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired helper	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired helper		10b. KIND OF BUSINESS OR INDUSTRY Monument business	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Frueh		13b. MOTHER'S MAIDEN NAME Unknown Falk	14. NAME OF HUSBAND OR WIFE Johannah Frueh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NI No		16. SOCIAL SECURITY NO. 491-18-9066 A	17. INFORMANT Address Magdalena Frueh 3432 Arlington Ave.
18. CAUSE OF DEATH (Enter only one cause of death for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerotic, generalized DUE TO (c) and coronary art - Os PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 min 5 yrs (?)
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420-1		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 Dec 1957 7 Dec 57	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY STATE	
21. I attended the deceased from 4 Dec 1957 to 7 Dec 57 and last saw him alive on 4 Dec 57 Death occurred at 3 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE A. H. Hoppe M.D.	
22b. ADDRESS 6000 W. Horner		22c. DATE SIGNED 7 Dec 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-7-57	
23c. NAME OF CEMETERY OR CREMATORY Owensville Cemetery		23d. LOCATION (City, town, or county) (State) Owensville, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	
25. DATE RECD. BY LOCAL REG. DEC 9 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis

St. Louis

12-7-27

French

French

88

88-1-1-1

2

White

White

St. Louis, Missouri

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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. 4100

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.