

HEALTH DIVISION OF DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007224

STATE FILE NUMBER

FILED FEB 28 1958

318

1003

1680

Registration District No. Primary Registration District No. Registrar's No.

| | | | | | | | | | | |
|---|--|---|--|--|---|---|--|---|---|--|
| 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, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. | | | Length of stay in lb #1 | | d. STREET ADDRESS 112 S. 4th St. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Anton Middle J. Last Fraefel | | | | 4. DATE OF DEATH Month Feb. Day 8, Year 1958 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH About 1883 ab. 75 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 5 Days 75 Hours 75 Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | | | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | | 11. BIRTHPLACE (City and state or country) Switzerland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Unknown | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | | | | |
| 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. none | | 17. INFORMANT Address Marie Rothwell 2331 Mullanphy St. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Duodenal ulcer, ant. perforation & peritonitis DUE TO (b) Pulmonary infarction @ lower base. DUE TO (c) Arterio sclerotic heart dis & old post myocardial infarct. 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 | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 541.1 | | | | | | | |
| 20c. TIME OF INJURY Hour p. m. Month, Day, Year | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20g. CITY, TOWN, OR LOCATION COUNTY STATE | | | | | | | |
| 21. I attended the deceased from 2/1/58 to 2/8/58 and last saw her alive on 2/8/58 Death occurred at 3:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 22a. SIGNATURE (Degree or title) Maxim H Meyer M.D. | | | | 22b. ADDRESS 1515 Lafayette Ave. | | | | 22c. DATE SIGNED 2/13/58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2-13-58 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Cullen & Kelly 7267 Natural Bridge | | | | 25. DATE RECD. BY LOCAL REG. 2-13-58 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lemme

Licensed Embalmer No.

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.