WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42592

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11835

City St Louis (No. St. Johns Hospital ..... Ward)

2. FULL NAME Louise D. Frauenthal.

(a) Residence. No. #4515 Maryland Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Barney W. Frauenthal

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch, 18th, 1869

7. AGE: Years 59. Months 8. Days 16. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pilot Knob, Mo.

PARENTS
10. NAME OF FATHER: John Schwab
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Louise Ramft
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England.

14. INFORMANT: B. W. Frauenthal
(Address) #4515 Maryland.

15. FILED 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 4th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from 11/9/28, 19..., to 12/4/28, 19..., that I last saw her alive on 12/4/28, 19..., and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis.
82B
87B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Paralysis agitans
(duration) ..... yrs. 6 mos. ..... ds.

748

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. J. Fade, M. D.
12/5/28, 19 (Address) Beaumont Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crem
DATE OF BURIAL: 12-6-1928.

20. UNDERTAKER: C. R. Lupton.
ADDRESS: Street Olive, #4449.

3720 Washington
1 – 3 Jefferson 1800