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

Do not use this space.

41138

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4261 McPherson St. ..... Ward)

File No. .....

Registered No. 11802

2. FULL NAME Bernard Frohlichstein

(a) Residence. No. 4261 McPherson Ave 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Epstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 11, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	6	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired (2 years)

(b) General nature of industry, business, or establishment in which employed (or employer) clothing salesman

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mobile
(STATE OR COUNTRY) Ala.

PARENTS

10. NAME OF FATHER Hirsch Frohlichstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Loeb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs B. Frohlichstein
(Address) 4261 McPherson

15. FILED DEC 18 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1930, to Dec 16, 1930 that I last saw him live on Dec. 16, 1930 and that death occurred, on the date stated above, at 2 45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia due to
82A cerebral hemorrhage
82D (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 74 a1

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernst Jonas, M. D

12.16, 1930 (Address) 453 N. Taylor

*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	DATE OF BURIAL
Mt. Sinai	12/18 1930

20. UNDERTAKER Mayer

ADDRESS 4356 Lindell

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.