

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.

21384

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis Mo. (No. Lutheran St. Asph.)

File No.
Registered No. 5943
St. Ward)

2. FULL NAME

(a) Residence, No. 1939 Cherokee St. St. 24 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 12 - 1917.</u>				
7. AGE	YEARS <u>14</u>	MONTHS <u>6</u>	DAYS <u>11</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shepard School</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>36 115A</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo. 1</u>				
FATHER	13. NAME <u>Wm F. Frenzer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Mathilda Mayer</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>			
17. INFORMANT <u>Wm F. Frenzer</u> (ADDRESS) <u>1939 Cherokee St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Rural Ch.</u> DATE <u>June 25, 1932</u>				
19. UNDERTAKER <u>Joseph B. Brody</u> (ADDRESS) <u>2153 Cherokee St.</u>				
20. FILED <u>JUN 25 1932</u> <u>Max C. Stark</u> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1932 to 6-23, 1932
I last saw h. e. r. alive on 6-23, 1932 Death is said to have occurred on the date stated above, at 2:45 P. M.
The principal cause of death and related causes of importance were as follows:
General infection due to Date of onset 6-4-32
Streptococcus Hemolyticus
non epithelial sore throat
Other contributory causes of importance:
from infection cause unknown
No. KNOWN 115A

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) P. Niebauer, M. D.
(Address) 3147 S. Jefferson St.

