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.

MAR 24 1934

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

Do not use this space.

File No. 7333

Registered No. 327

1. PLACE OF DEATH

County St. Louis — Registration District No. 4123

Township Carmelet — Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Frautschi, Herman

(a) Residence, No. Rossford, Ohio St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo, Ohio Ohio

FATHER

13. NAME Sam Frautschi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Ohio

MOTHER

15. MAIDEN NAME Lena Leiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Ohio

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vets. Adm. Fac., Jeff. Bks., Mo.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Rossford Ohio DATE Feb 3, 1934

19. UNDERTAKER (ADDRESS) Guy Mullen 4259 Lindell

20. FILED Feb 3, 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1934, to February 2, 1934

I last saw him alive on February 2, 1934. Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	Unkn.
Other contributory causes of importance: Malaria, tertian type	Unkn.

Name of operation None Date of — —

What test confirmed diagnosis? Clinical, Physical & 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? ....

If so, specify W. C. Gibson

(Signed) W. C. GIBSON, M.D., Manager, ...

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.