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.

File No. 38150

Registered No. 170

1. PLACE OF DEATH
County: St Louis — Registration District No. 1170
Township: Central — Primary Registration District No. 62484
City: Richmond Hts (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME: Antoinette Samson Frohlichstein

(a) Residence, No. 6647 Kingsbury 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Seymour Frohlichstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15-1870

7. AGE: Years 64 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): New Orleans La.

FATHER
13. NAME: Gustav Samson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER
15. MAIDEN NAME: Caroline Gaty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Nathan Berger
(ADDRESS) 6647 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Sinai Cem. DATE: 10-16 1934

19. UNDERTAKER: H. Rindskopf
(ADDRESS) 5216 Delmar

20. FILED: Oct. 16 1934 Gertrude Porter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-14- 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4- 1931, to 10-14-34, 19..... I last saw her alive on 10-14-34, 19..... Death is said to have occurred on the date stated above, at 8 P m.

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

Coronary Thrombosis
E.K.G made Oct 4-34
showed evidence of
coronary disease

Date of onset

Other contributory causes of importance:
Hypertrophic Arteriosclerosis

Name of operation ..... Date of ..... What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? N.A. 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) Daniel E. Kauffman, M. D.
(Address) Missouri Theatre Bldg St Louis