JUL 27 1936

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

Do not use this space.

25092

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248B — Registered No. 240

City Jefferson Barracks (No. Veterans Administration Facility, St. Ward)

2. FULL NAME Thomas Edward Fruchte

(a) Residence, No. 722 Clara Ave St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	8	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 5 years ago

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Thomas Linton Fruchte

14. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Anna J. Kirby

16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Marie Schilling
(ADDRESS) Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem DATE June 24, 1936

19. UNDERTAKER C. Hoffmeister Und. & Livery Co
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED June 24 1936 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936 to June 23, 1936

I last saw h. im alive on June 23, 1936 Death is said to have occurred on the date stated above, at 5:40 m. a.m.

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

	Date of onset
Aneurysm of Thoracic Aorta with Rupture	unknown

Other contributory causes of importance:
None

Name of operation none Date of
What was the confirmed diagnosis? phy. examination, clinical manifestations Was there an autopsy? YES

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

(Signed) C. W. Hughes, M. D.
Chief Medical Officer.
(Address) Jefferson Barracks, Mo.

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.