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.

JUL 27 1936

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

Do not use this space.

25101

1. PLACE OF DEATH

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

Township [illegible] — Primary Registration District No. 6248B — Registered No. 252

City Jefferson Barracks, (No. Missouri Vet. Hosp St. Ward)

2. FULL NAME Clifford H.L. FRENGER

(a) Residence, No. 2522A West Dodier 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Laura Frenger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1888

7. AGE: YEARS 47 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
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) St. Louis Missouri

FATHER

13. NAME unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

17. INFORMANT (ADDRESS) Marie Schillig Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion's Cem DATE 7·3·36 19

19. UNDERTAKER (ADDRESS) Tronsh Und. Co 3710 Grand Blvd.

20. FILED June 30 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to June 29, 1936

I last saw him alive on June 29, 1936. Death is said to have occurred on the date stated above, at 11:00 m. p.m.

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

	Date of onset
Tuberculosis, Pulmonary, Chronic, Active, Far Advanced (C)	unknown

23

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? phy. examination, clinical manifestations, x-ray, 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

(Signed) C.W. Hughes M.D.

(Address) C.W. HUGHES, Chief Medical Officer Jefferson Barracks, Missouri.