

OCT 26 1937

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

35400

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
 (b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 209
 (c) City Richmond Heights (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reynold G. Frankenberg, Jr.

(a) Residence, No. 7239 Tulane Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 3/4 hrs. or 43 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as 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) St. Louis County, Missouri.
 (STATE OR COUNTRY)

13. NAME Reynold G. Frankenberg.

14. BIRTHPLACE (CITY OR TOWN) Rockford, Illinois.
 (STATE OR COUNTRY)

15. MAIDEN NAME Ruth Adele Zander.

16. BIRTHPLACE (CITY OR TOWN) Manitowoc, Wisconsin.
 (STATE OR COUNTRY)

17. INFORMANT Mr. Reynold G. Frankenberg
 (ADDRESS) 7239 Tulane Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rockford, Ill. DATE Sept. 25, 1937

19. FUNERAL DIRECTOR Geo. L. Pleitush, Inc.
 (ADDRESS) 5966 Cassin Ave.

20. FILED Sept. 23, 1937. Sara E. Bassett
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21st, 1937, to Sept. 22nd, 1937
 I last saw him alive on Sept. 22nd, 1937 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease Date of onset Birth?
prenatal

Other contributory causes of importance: 1570

Name of operation None Date of 0
 What test confirmed diagnosis? None Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19.....
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None

(Signed) Erwin T. Huber, M. D.

(Address) 6420 Clayton Road
St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Leonard W. Kraeger, Licensed Embalmer No. 2678
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No. by Henry Beamer, Registered Apprentice No. E 409
working under my personal supervision.

Signed Leonard W. Kraeger
Licensed Embalmer No. 2678

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)