

REC'D MAR 24 1938

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

8103  
Do not use this space.

1. PLACE OF DEATH *St. Louis* 2  
(a) County *St. Louis* 2 Registration District No. *96*  
(b) Township *Clayton* 1 Primary Registration District No. \_\_\_\_\_ Registered No. *285*  
(c) City *Clayton Mo.* (d) Street No. *7611 Shireley Drive* \_\_\_\_\_ 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 *Henry H. Frahm* *650*  
(a) Residence, No. *7611 Shireley Drive* \_\_\_\_\_ 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Frieda Frahm</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>2-6-1858</i>				
7. AGE YEARS <i>80</i>	MONTHS <i>0</i>	DAYS <i>4</i>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Ret. ?</i>			
	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) (STATE OR COUNTRY) <i>Germany</i>				
FATHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
17. INFORMANT <i>A. J. Faasak</i> <i>Dausch</i> (ADDRESS) <i>7611 Shireley Drive.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peters Cem</i> DATE <i>Feb. 14, 1938</i>				
19. FUNERAL DIRECTOR <i>Alexander &amp; Sons</i> (ADDRESS) <i>6175 Delmar Bl. vd.</i>				
20. FILED <i>2-11</i> 1938 <i>D. R. Meyer, M.D. D.P.H.</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Feb. 10</i> 1938	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____	
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <i>3:35 p.m.</i>	
The principal cause of death and related causes of importance were as follows: <i>Chronic Myocarditis</i> <i>930</i> Date of onset _____	
Other contributory causes of importance: <i>Coronary Occlusion</i>	
Name of operation <i>None</i>	Date of _____
What test confirmed diagnosis <i>Medical History</i>	Was there an autopsy <i>no</i>
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? <i>no</i> If so, specify _____ (Signed) <i>John O. Langell, M.D.</i> (Address) <i>Carover, St. Louis</i>	

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2460

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. \_\_\_\_\_ by Carl Huck, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

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