

REC'D MAY 10 1939

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

791
1003

13450
Do not use this space.

Registered No. 3792

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. At Jewish Hospital, from: 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 Arminnd Fraxler

(a) Residence, No. Mc. Kinley Hotel St. 25 809 No. 12th St
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>				
7. AGE <u>44</u>	YEARS <u>66</u>	MONTHS <u>-</u>	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Contractor</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Wrecking Building</u>			
	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) <u>Hungary</u>				
FATHER	13. NAME <u>Paul Traxler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>			
MOTHER	15. MAIDEN NAME <u>Lottie Bergowitz</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>			
17. INFORMANT (ADDRESS) <u>David H. Cohen</u> <u>4605 Lindell</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Olive (Jewish)</u> <u>4-24-39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H. Rindskopf</u> <u>5216 Delmar</u>				
20. FILED <u>APR 24 1939</u> <u>J. D. Buehler</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21st 1939

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 11:15 P.M.
The principal cause of death and related causes of importance were as follows:
Traumatic retroperitoneal and intra-abdominal haemorrhage, Fracture of the pelvis, suffered when deceased was struck by falling beam in building in process of wrecking at 519 1/2 Stein Str. About 9:45 A.M., April 21, 1939. ACCIDENT
Other contributory causes of importance:

Name of operation, Date of,
What test confirmed diagnosis?, Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/21, 1939
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury see above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? YES
If so, specify,
(Signed) W. H. Perry
(Address) St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas. Cooper*

Licensed Embalmer No. *3830*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.