

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 7 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30231
Registrar's No. 1465

Registration District No. 284

Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 701 S. Meramec, Clayton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Edward H. Frauenfelder
3. (b) If veteran, name war
3. (c) Social Security No. 499-01-941

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 - day 16
year 1939 hour 11 minute 409. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 29 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-24
1939 to 8-16 1939
that I last saw him alive on 8-16 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 7 Days 17
If less than one day hr. min.

Immediate cause of death
Appendiceal Abscess 16 days
Due to
Strep. loci infection 2 days

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Civil Engineer

Other conditions
Major findings: Appendiceal Abscess
Of operations
Of autopsy: Strep. loci infection

11. Industry or business
12. Name Edward Frauenfelder
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Estelle Glessow
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Edward Frauenfelder
(b) Address 701 S. Meramec, Clayton, Mo.
17. (a) Burial: (b) Date thereof 8-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Ceme.
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.
19. AUG 17 1939 (Date received local registrar)
R. M. [Signature] (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature [Signature] Date signed [Date]

J. W. Mac Donald
of embalmer Bledy

11:00 AM

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 J. W. Mac Donald
Licensed Embalmer No. 3653
P. O. Address St Louis, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30231

Do not use this space.

1. PLACE OF DEATH *St Louis*
(a) County *Richmond* Registration District No. *784*
(b) Township *14th* Primary Registration District No. *111* Registered No. *1465*
(c) City (d) Street No. 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 *Eduard H. Frauenfelder*
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-29-1911*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 7 17
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
- FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED *817* 19*39* *J.R. Meyer, M.D.* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-16-39*
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:
Date of onset
- Other contributory causes of importance:
- Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy?
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 *John H. McDonald*, M. D.
(Signed) (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

State of Texas
County of _____

If a copy is made, give date of issue and place

DEATH CERTIFICATE OF DEATH

(MAY 1908 AND YEAR)

CERTIFY that I attended the

5-30231