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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 19 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3720
Registrar's No. 90

Registration District No. 784

Primary Registration District No. 106

1. PLACE OF DEATH: 3
(a) County St. Louis
(b) City or town Kirkwood Mo
(c) Name of hospital or institution: Old Folks Home 711 S. Kirkwood Rd.
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(d) Street No. 711 S. Kirkwood Rd.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Miss Clara Frehsman 625
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 4 If less than one day hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nile

11. Industry or business _____
12. Name Theodore Frehsman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Kirkwood Old Folks Home Resident
(b) Address 711 S. Kirkwood Rd Kirkwood Mo

17. (a) Burial (b) Date thereof 1/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Louis H. Bopp
(b) Address 131 W. Arbonne Dr Kirkwood Mo

19. (a) JAN 14 1940 (Date received local registrar) (b) R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13th year 1940 hour nine (9) minute 15 P.M.

21. I hereby certify that I attended the deceased from March 1939 to Jan 13 1940 that I last saw her alive on Jan 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Due to Hypertension

Due to 93C

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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

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 G. Barnett (M. D. or other) 1
Address Kirkwood Mo Date signed 1/14/40

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 _____

Louis H. Bopp, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis H. Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.