

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **5197**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 wks.
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Samson D. Frohlichstein

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Virginia Frohlichstein 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased Feb. 18 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 4 5 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Wholesale Shirt

MOTHER, FATHER { 12. Name Seymour Frohlichstein
 13. Birthplace Mobile Alabama
 (City, town, or county) (State or foreign country)
 14. Maiden name Antinette Samson
 15. Birthplace New Orleans La.
 (City, town, or county) (State or foreign country)

16. (a) Informant Nathan Berger
 (b) Address 6647 Kingsbury

17. (a) Cremation (b) Date thereof 6-25-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Rindfleisch
 (b) Address 5216 Delmar Blvd

19. (a) JUN 24 1941 (b) J. H. Bredbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. # 30 Aberdeen Pl.
 (If rural, give location)
 (e) Citizen of foreign country? Clayton (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1941 hour Twelve minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 16
 _____ 1940 to June 23 1941
 that I last saw him alive on June 23 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Liver abscesses
Pulmonary Abscesses
Pneumonia
 Due to Subdiaphragmatic abscess
(Spleen), Cholelithiasis
 Due to Septic thrombophlebitis
abscesses were embolic
 Other conditions _____
 (Include pregnancy within 3 months of death) 126

Major findings: Damage of Liver abscess
 Of operations _____
 Of autopsy Liver abscess or infarct
lung abscess, subdiaphragmatic etc.

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 Herman H. Meyer (M.D. or other) MD
 Address 603 Theopolitana Bldg Date signed 6/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address.....

5-216 Delm

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

If this body is not embalmed, fact should be so stated above.