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4-41  
7-39  
DX26390

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

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1391

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Edgewood Retreat 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one year  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME BERNARD WEIL FRAUENTHAL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male ( ) 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Louise S. Frauenthal

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 27 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 4 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace White Haven / Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Traffic Agent

11. Industry or business Public Service Company

12. Name Abraham Frauenthal

13. Birthplace unknown / Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Weil

15. Birthplace unknown / Germany an  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward A. Frauenthal

(b) Address 7525 Teasdale Blv'd., St. Louis

17. (a) Cremation (b) Date thereof July 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director G. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis, Mo.

19. (a) JUL 2 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4174 Shaw Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1941 hour 12 minute 10 M.

21. I hereby certify that I attended the deceased from 7-9-1936 to 6-30-41  
that I last saw h.l.m. alive on 6-29-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
Due to: generalized

Other conditions [Handwritten mark]  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address 3604 [Address] Date signed 7-1-41

Dr. Carl J. Reiss  
3604 Washington Avenue  
JE-1800  
2-4 P.M.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
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, fact should be so stated above.**