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DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 26886
Registrar's No. 6678

Registration District No. 791
Primary Registration District No.

1. PLACE OF DEATH
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Kleschke Hospital
(d) Length of stay: In hospital or institution 0
In this community 0 years, months or days

3. (a) PRINT FULL NAME Frings, William

3. (b) If veteran, name war No 3. (c) Social Security No. 492-01-0005

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Christina Frings 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 10 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 4
If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business Emerson Electric Co.

12. Name Joseph Frings

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

14. Maiden name Josephine Dietrich

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

16. (a) Informant Mrs Christina Frings
(b) Address 4208 Blaine Ave

17. (a) Burial (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church
(d) Signature of funeral director Threehauser Mortuaries
(e) Address 4228 So Kings Highway

19. (a) AUG 15 1941 (b) J. H. Buddick
(Date of local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17
(d) Street No. 4208 Blaine Ave 189
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 14 year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/13/41 to 8/14/41, 1941; that I last saw him alive on 8/14/41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertensive C-V-R. dis

Other conditions 1/2/1
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/2/1 PHYSICIAN
Of autopsy _____ 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 R. H. Mezera (M. D. 8/15/41)
Address 1325 Os. Blvd Date signed 8/15/41

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

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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..... *Edwin J. McDermott*.....

Licensed Embalmer No. *3024*.....

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, fact should be so stated above.