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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27014

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6806

FILED SEP 17 1941

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
1515 Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 124
(If outside city or town limits, write "RURAL")
(d) Street No. 2107 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Fruin
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 Widowed
6. (b) Name of husband or wife Minnie Fruin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10. (Day) 1863 (Year)

8. AGE: Years 78 Months 0 Days 10 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) / Louisiana (State or foreign country)
10. Usual occupation Retired Foreman
11. Industry or business United Railroad Company
FATHER
12. Name J. R. Fruin
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Bridget Rankin
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Frank Fruin
(b) Address 2853 South 13th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wm. J. Robert L & U. Co.
(b) Address 1905 So. Grand Blvd.
19. (a) AUG 21 1941 (Date received local registrar) (b) J. N. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from July 22, 1941 to August 20, 1941;
that I last saw him alive on August 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Prostate

Due to

Due to

Other conditions Arteriosclerosis
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. V. Mulligan (M. D. or other)
Address 1515 Lafayette Date signed 8/20/41

(Licensed Embalmer's Statement on Reverse Side)

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. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.