

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3640 Iowa Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 73 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Fredericka Frutiger

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gottfried Frutiger
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 7, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 26
If less than one day .hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name August Staedtler
13. Birthplace Germany /
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Scheffler
15. Birthplace Berlin Germany /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gottfried Frutiger

(b) Address 3640 Iowa

17. (a) Burial (b) Date thereof Nov. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) NOV 4 1942 (b) J. J. Budack
(Date received final registrar) (Registrar's signature)

842 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3640 Iowa Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 22 1942 to Nov 2 1942
that I last saw her alive on Nov 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to Myocarditis
Chronic nephritis
Due to arteriosclerosis

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) (a) Manner of injury

23. Signature Carl E. Moeller M.D. (M. D. or other)
Address 3537 S. Jefferson Date Nov 8/42

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

Dr. Chas E Mallen
3537 So Jefferson

1-3
7-8

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.....
Licensed Embalmer No..... 3737
P. O. Address..... 1936 St. Louis Ave

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.