

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2730

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 wk.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7543 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clause J. Frerking

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Louisa Frerking 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 2, 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name William Frerking  
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Adelheid Goshen  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Theo. Frerking  
(b) Address 4960 Emerson  
17. (a) Removal (b) Date thereof 10-27-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester  
19. (a) OCT 27 1942 (b) C. Y. Mc L...  
(Data received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26  
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 19, 1942, to Oct 26, 1942  
that I last saw him alive on Oct 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic PNEUMONIA

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Parenchymatous Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations J31a  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: no  
(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) (c) Means of injury \_\_\_\_\_

23. Signature Vincent Tommaselli M. D. or other MD  
Address 3101<sup>a</sup> Sutton Ave Date signed 10/27/42

Duration 36 hours  
(hours)  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

96  
353  
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..... *J.P. Burgess* .....

Licensed Embalmer No. *4028* .....

P. O. Address *Maplewood* .....

**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.**