

FILED NOV 6 1942
Registration District No. 784

Primary Registration District No. 202

Registrar's No. 2127

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
MANCHESTER NURSING HOME #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo (Specify whether years, months or days)

In this community 20 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town 9069 TUDOR - OVERLAND
(If outside city or town limits, write "RURAL")

(d) Street No. 9069 TUDOR
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JACOB FRICHTEL

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1942 hour _____ minute 2:50 P. M.

21. I hereby certify that I attended the deceased from 1-1-42 to 10-11-42

that I last saw him alive on 10-11 and that death occurred on the date and hour stated above.

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife JENNIE FRICHTEL

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 25 1862
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis Duration ?

Due to Chr. Nephritis ?

Due to _____

Other conditions 1316
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 2 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Ant. Maw FRICHTEL

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

14. Maiden name Dora Maw

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lorraine Frichtel

(b) Address 9069 Tudor Overland Mo

17. (a) BURIAL (b) Date thereof 10/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director OREMANN FUNERAL HOME

(b) Address 9222 Wackland Overland Mo

19. (a) OCT 13 1942 (b) C. J. Mc Dermott
(Date received local authority) (Registrar's signature)

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 C. J. Mc Dermott (M. D. or other) MD

Address Crestwood Mo Date signed 10-11-42

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 Al C. Ostman

Licensed Embalmer No. 3478

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.