

FILED DEC 21 1942

State File No. ....

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. 10374

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:  
Christian Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 days.  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5041 St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

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3. (a) PRINT FULL NAME Emma Fruehauf.

3. (b) If veteran, name war None 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. Max Fruehauf. 6. (c) Age of husband or wife if alive. 83 years  
7. Birth date of deceased. April 13, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 7 29 :hr. :min.

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

10. Usual occupation Housework.

11. Industry or business

12. Name August J. Berger.

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

14. Maiden name Unknown.

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

16. (a) Informant Walter Fruehauf  
(b) Address 5041 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Dec. 15, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Benjamin Nicholas  
(b) Address 1431 Union Blvd.

19. (a) DEC 13 1942 (Date received local registrar) (b) J. J. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12.  
year 1942. hour 3 minute A M.

21. I hereby certify that I attended the deceased from Dec 9, 1942 to Dec 12, 1942  
that I last saw her alive on Dec 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac Failure

Due to Hypertrophy and Coric Regurgitation

Other conditions. None  
(Include pregnancy within 3 months of death)

Major findings: Of operations. None

Of autopsy. None

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 Howard M. Gortner, M.D. (M. D. or other)  
Address 5059 A St. Louis Date signed 12-12-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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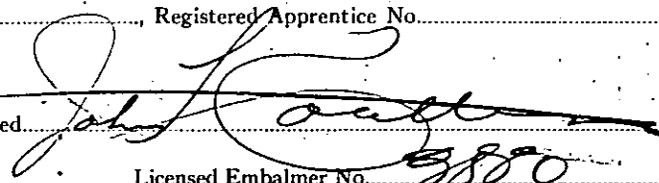
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
Licensed Embalmer No..... 9880

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.**