

U. S. No. 2
FORM-2-43
Rev. 5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29943

State File No.

FILED SEP 21 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8062

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2640 Allen Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

0011
17
973
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2640 Allen Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Froidl

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 Wid.
6. (b) Name of husband or wife Barbara 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 26 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tailor

11. Industry or business Mathias Froidl

12. Name Mathias Froidl Birthplace Austria
(City, town, or county) (State or foreign country)

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

14. Maiden name Margaret ? Birthplace Austria
(City, town, or county) (State or foreign country)

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

16. (a) Informant 2640 Allen Ave.

(b) Address Burial (b) Date thereof 9/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Mr. E. Moydell
(b) Address 1926 Allen Ave.

19. (a) SEP 10 1943 (b) J. J. Redeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1943
to Sept. 8, 1943
that I last saw him alive on Sept. 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no

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) (b) Means of injury ✓

23. Signature James M. Deane (M.D. or other) _____

Address 212 Jefferson Date Sept 9 1943

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed John B. Moyzell

Licensed Embalmer No. 1467

P. O. Address 1936 Allen

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.