

FILED MAR 13 1944

Registration District No. 818

Primary Registration District No. 100

Registrar's No. 2213

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 13

(c) City or town: St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No.: 6037 Pernod ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: A

3. (a) PRINT FULL NAME: Infant Frolichstein

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Male 5. Color or Race: White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: March 3 1944  
(Month) (Day) (Year)

8. AGE: Years: 0 Months: 0 Days: 2 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Nil

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

MOTHER FATHER { 12. Name: Milton Frlichstein

13. Birthplace: St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Lucille O'Neil

15. Birthplace: East St. Louis Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Milton Frolichstein

(b) Address: 6037 Pernod ave.

17. (a) Burial (b) Date thereof: March 6, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cem.

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.

(b) Address: 7814 S. Broadway

19. (a) WAP 3 1944 (Date received local registrar)

J. F. Prudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 5 year: 1944 hour: 7 minute: A M.

21. I hereby certify that I attended the deceased from 3-3 1944, to 4-5 1944, that I last saw him alive on 4-5 and that death occurred on the date and hour stated above.

Immediate cause of death: Emphysema Pulmo ?

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: lungs spleen, liver; pleural hemorrhages in lungs & kidney

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)

Means of injury: \_\_\_\_\_

23. Signature: L. O. Fisher (M. D. or other) M.D.

Address: 216 S. Kingshighway Date signed: 4-8-44

-Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

800 La. Memorial

1-3-

4500 Olive St

703800

Funeral will be at 10:00 am

10 am

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.

*Not Embalmed*

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

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.