

Registration District No.

318

Primary Registration District No.

L100c

Registrar's No.

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:
St. Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 0 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis 96
(c) City or town..... St. Louis Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 2144 Edmunds Ave. N.P.
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant ' Frentzel. '

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

4. Sex Male 0 5. Color or race White 0 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..... June 2nd 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 hr. min.

9. Birthplace..... St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

11. Industry or business.....

12. Name..... Elmer Frentzel.
13. Birthplace..... Uniontown, 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Bessie Cain.
15. Birthplace..... Unknown 1 Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Elmer Frentzel.
(b) Address..... 2144 Edmunds Ave.

17. (a) burial (b) Date thereof..... 6-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Oak Grove Cemetery

18. (a) Signature of funeral director..... C.R. Lupton & Sons
(b) Address..... 7233 Delmar Blvd.

19. (a) JUN 5 (b) J. Z. Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 3rd
year..... 1944 hour..... 12:00 minute..... noon

21. I hereby certify that I attended the deceased from..... June 2,
..... 19 44 to..... June 3, 19 44
that I last saw him alive on..... June 3, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary hemorrhage

Due to..... Hemorrhagic disease of the newborn

Due to..... Prematurity

Other conditions..... 159
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... J. K. Brown, M.D. (M. D. or other)
Address..... 630 So. Kingshighway Blvd. Date signed..... 6-3-44

5132

5132

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

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence H. Mur

Licensed Embalmer No.

404

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.