V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26223

FILED SEP 8 1944

Registration District No. 313 Primary Registration District No. 1003 Registrar's No. 7394

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: 5907 Leona 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5907 Leona Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Karl J. Frenzel

3. (b) If veteran, name war ------

3. (c) Social Security No. 488-05-3552

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Elsie A. Frenzel

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 31, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	2	23	hr. min.

9. Birthplace Ebersbach, (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Mechanical Engineer

11. Industry or business Essmueller Company

FATHER
12. Name Karl August Frenzel
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Anna Auguste Schmidt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Elsie A. Frenzel
(b) Address 5907 Leona

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) AUG 26 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1944 5 hour 20 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1944 to Aug 23, 1944;
that I last saw him alive on Aug 22, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Occulsion — Duration 2 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94

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 T. J. Kemp (M. D. or other)
Address 4503 Washington Date signed Aug 24

(Licensed Embalmer's Statement on Reverse Side)

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. 3737

P. O. Address 1936 St. Louis Cir

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.