

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 20 1945  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 184

284

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Deaconess Hospital  
(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:

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

3. (a) PRINT FULL NAME Frank Henry Frechmann  
 3. (b) If veteran, name war Nil 3. (c) Social Security No. None  
 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5  
 year 1945 hour 4:15 minute A M.  
 21. I hereby certify that I attended the deceased from Dec 28 1944 to January 5 1945;  
 that I last saw him alive on January 4 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute myocarditis  
 Due to Acute cholecystitis with stones  
 Due to 1/26  
 Other conditions: Peritoneal adhesions from all operations - 15 yrs  
(Include pregnancy within 3 months of death)

Duration  
36 hours  
10 days  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

7. Birth date of deceased September 22 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>13</u>	hr. min.

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

10. Usual occupation Retired

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

MOTHER FATHER {  
 12. Name John F. Frechmann  
 13. Birthplace Hermann Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Katy Apprill  
 15. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant John Frechmann  
 (b) Address Hermann, Mo.

17. (a) Burial (b) Date thereof 1-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) JAN 8 1945 (Date received local registrar)  
J. F. Frechmann (Registrar's signature)

Major findings: Gallbladder filled with stones  
extensive peritoneal adhesions  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Robert C. ... (M. D. or other) M. S.  
 Address 505 W. Grand Blvd. Date signed Jan 8, 1945

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

20  
17  
9

37  
H.R.O.

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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.....

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.**