. S. No. 2
30M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24957

FILED AUG 7 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1904

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ellisville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sunset Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 71

(c) City or town Overland (If outside city or town limits, write "RURAL") 13

(d) Street No. 10551 Maple Avenue. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank J. Fruehe.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lela Fruehe.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 3, 1873. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	22	hr. min.

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

10. Usual occupation Grocery Store keeper.

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Milton Agnew.

(b) Address 8116 Sheeback Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-1945. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 7-31-45 (Date received local registrar) (b) E. J. McGovern M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2 day 25th. year 1945 hour 3 minute 15 PM M.

21. I hereby certify that I attended the deceased from 4/1/45, 19, to 7/25/45, 19; that I last saw him alive on 7/15/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmorrhage	1 day
Due to arteriosclerosis	3 yrs
Due to Hypertension 83 ad	3 yrs

Other conditions (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 C. Sheslie (M. D. or other) MD

Address Kirkwood, N. Mo. Date signed 7/27/45

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.H. Leslie.
209 South Kirkwood Road.
Kirkwood 1526

AUG 7 1946

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.