

No. 2  
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5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10600  
Registrar's No. 727

**FILED** APR 7 1946  
Registration District No. 3063

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis County Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Frank L. Frauhbauer

3. (b) If veteran, name war World War # 2

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Virginia

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb 24 1918  
(Month) (Day) (Year)

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

28 1 0 hr. min.

9. Birthplace Humboldt Neb  
(City, town, or county) (State or foreign country)

10. Usual occupation Ex Service Man

11. Industry or business Unemployed

MOTHER FATHER

12. Name B Fruhbauer

13. Birthplace Europe  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Europe  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Fruhbauer

(b) Address 4951 Potomac St

17. (a) Burial (b) Date thereof 3 28 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) 3-27-46 (b) W. M. Ganan MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 4951 Potomac St  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1946 hour 6.30 PM minute ..... M.

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

Immediate cause of death Drowning after falling from boat

Due to Accidental Drowning

Due to 183-3

Other conditions 26  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental Drown-

(b) Date of occurrence 3-24-46 ing

(c) Where did injury occur? St. Louis Co., Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Stream

While at work? no (Specify type of place) (e) Means of injury drowning

23. Signature Arndt Williams Coroner  
(M.D. or other) 3-27-46  
Address Clayton, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 26 1946

APR 18 1946

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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 Edwin D Mc Dermott

§ Licensed Embalmer No. 3024

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.**