S. No. 2
M—5-43
. 5-17-39
I X36671

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

31304

State File No. 1

FILED SEP 24 1946

Registration District No. 37

Primary Registration District No. 3068

Registrar's No. 184159

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7431 A. Lyndover Pl (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 St. Louis 96

(c) City or town Maplewood (If outside city or town limits, write "RURAL") 5

(d) Street No. 7431 A. Lyndover Pl (If rural, give location) 3

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Paul M. Frese

3. (b) If veteran, name war ******* 3. (c) Social Security No. 494-03-4629

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frieda Feder 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 26 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retired

FATHER
12. Name Henry Frese
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Lida Henderson
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Frieda Frese
(b) Address 7431 A. Lyndover Pl. Maplewood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave

19. (a) 9-16-46 (Date received local registrar) (b) R. J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day September year 1946 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 6, 1946 to Sept 7, 1946 that I last saw him alive on Sept 6, 1946, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary disease	10 days
Due to: 94a	
Due to:	
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 0

23. Signature E O Breckenridge MD (M. D. or other)

Address Maplewood Mo Date signed 9/7/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Breckenridge
Metropolitan Bldg
Je-5004
6 to 7 30
2610 Dutton Ave

OCT 17 1946

FEB 5 1947

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 Homer W. Fritz

Licensed Embalmer No. 3882

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..