

FILED MAY 1 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4014**

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital** **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Hrs.**  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **000**  
 (c) City or town **St. Louis** **15-17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5602a So. Compton Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GUSTAVE FRUEH**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex **Male** **0** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Edna A.** 6. (c) Age of husband or wife if alive **53** years  
 7. Birth date of deceased **Jan. 15 1878**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **April** day **16**  
 year **1947** hour **8:00** minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from **4-15** to **4-16 1947**  
 that I last saw him alive on **4-16** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart** Duration **1 wk.**  
 Due to **Arteriosclerotic Heart**  
 Due to **Arteriosclerotic Heart** Duration **1 yr.**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **9/2**  
 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? **0**  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature **W. J. Heater** (M. D. or other) **MD**  
 Address **5602 So. Compton** Date signed **4/27/47**

MOTHER FATHER

8. AGE: Years Months Days If less than one day  
**69 3 1** hr. \_\_\_\_\_ min.  
 9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **House Painter (Retired)**  
 11. Industry or business **Chester Busch**  
 12. Name **Carl Frueh** **9**  
 13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Edna A. Frueh**  
 (b) Address **5602a So. Compton Ave.**  
 17. (a) **Burial** (b) Date thereof **4 19 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **New Pickers Cemetery**  
 18. (a) Signature of funeral director **Kriegshauser Und. Co.**  
 (b) Address **4228 So. Kingshighway Bl.**  
**APR 17 1947**  
 19. (a) \_\_\_\_\_ (b) **J. F. Bredenk**  
(Date received local registrar) (Registrar's signature)

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

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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 Richard W. Stovesand  
Licensed Embalmer No. 4007

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.**