S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 30185

FILED SEP 21 1948

Registration District No. 58-159

Primary Registration District No. 5591

Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: DITTMAR Big River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: One Year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson
(c) City or town: Dittmar
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 mi S.E. Old Highway #30
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mr. Gotthilf H. C. Frentzel
3. (b) If veteran, name war: --
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: Mrs. Bertha D. Frentzel
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: August 23, 1878 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 0 | 10 | ..... hr. ..... min. |

9. Birthplace: Uniontown, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business: Grocery
MOTHER FATHER
12. Name: Arthur Frentzel
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Unknown TELLE
15. Birthplace: (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mr. G. Martin Frentzel
(b) Address: 8958 Whitstone Court, Jennings
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 7, '48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: Beiderwieden F.H. Inc.
(b) Address: 1936 St. Louis Avenue
19. (a) 9-10-48 (Date received local registrar) (b) Kathleen Mayer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 9/3/48 ..... 19..... to 9/3/48 ..... 19.....; that I last saw h..... alive on Dead ..... 19.....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | |
| Due to: | |
| Due to: | |
| Other conditions (include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

PHYSICIAN
Underline the cause of 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? Yes home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: T. B. Edwards (M. D. or other) Coroner
Address: Cedar Hill, Mo. Date signed 9/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number SEP 14 1948
Date Filed

SEP 21 1948

## 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 Neal C. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave 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.**