

Health, Welfare
Public
Service

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED SEP 18 1957

STANDARD CERTIFICATE OF DEATH

33512
STATE FILE NUMBER 7894

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 27 602 Boenecke Ct.		
3. NAME OF DECEASED (Type or print) First August Middle M Last Frenzel				4. DATE OF DEATH Month Aug Day 20 Year 1957				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug 9, 1901		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cement finisher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Max Frenzel				14. MOTHER'S MAIDEN NAME Mary Waterkamp				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-01-8690		17. INFORMANT Address Clara Frenzel 602 Boenecke Ct.				
18. CAUSE OF DEATH (Enter only one code per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Fractures of 7th, 8th & 10th ribs (left) and rupture of spleen DUE TO (c) Fall in basement floor PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20							INTERVAL BETWEEN ONSET AND DEATH 8 hours 5 day 5 Day.	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall on basement floor while taking a shower					
20c. TIME OF INJURY Hour 5:15 p. m. Month 8 Day 15 Year 57			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> In home				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 400	
20f. CITY, TOWN, OR LOCATION LEMA Y - ST LOUIS COUNTY			20g. COUNTY Mo		20h. STATE Mo			
21. I attended the deceased from AUGUST 15 1957 to AUG 20 1957 and last saw him alive on 8/20/57 Death occurred at 10:52 PM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Eugene V. Kunkel (Degree or title)				22b. ADDRESS 4401 Hampton Ave		22c. DATE SIGNED 8/22/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8/23/1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. AUG 23 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. E. Benz

Licensed Embalmer No. 48

P. O. Address 7077

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.