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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016681

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 949

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County Hosp. — Length of stay in 1b 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Overland 4000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3030 Tennyson — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CHARLES Middle C. Last FRASZLER

4. DATE OF DEATH Month 4- Day 3- Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH June 13, 1922

9. AGE (In years last birthday) 35 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY Arlin Oldsmobile

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Fraszler

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Margaret L. Fraszler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 486-22-1013

17. INFORMANT Address Mrs. Margaret L. Fraszler, Overland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia due to lower Nephron Nephrosis — INTERVAL BETWEEN ONSET AND DEATH 9 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Severe trauma. Ruptured Spleen — 11 days.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adrenal Hemorrhage - Cerebral edema

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car of which driver lost control on Highway 40, which turned over 3 timer, then went 90 feet more, throwing him from car.

20c. TIME OF INJURY 12:15 Hour XXX p.m. Month, Day, Year 3-22-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY 400 STATE

21. I attended the deceased from 3-22-1958 to 4-3-1958 and last saw her/him alive on 4-3-1958. Death occurred at 4-3-1958 6:17p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard H. King (Degree or title) M.D. 0

22b. ADDRESS 601 S1 Brentwood, Clayton

22c. DATE SIGNED 4-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-7-58

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St.

25. DATE RECD. BY LOCAL REG. 4-4-58

26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 25 1958

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 ..... Signed Gustav W. Dieterle
Signature of Student Embalmer

Licensed Embalmer No. 4329
P. O. Address St. Louis, Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.