

FEDERAL BUREAU OF INVESTIGATION FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 17 1960

318

Primary Registration District No. 1003

Registrar's No. 7810

-60-032201
STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN CRYSTAL CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 25 JEFFERSON
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle- Last FERDINAND JOSEPH FRUEH JR.			4. DATE OF DEATH Month Day Year AUGUST 5 1960			
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 11-18-15	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASSWORKER		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.		11. BIRTHPLACE (City and state or country) CABE GIRARDEAU, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRED FRUEH		13b. MOTHER'S MAIDEN NAME LAURA BROCKMEYER		14. NAME OF HUSBAND OR WIFE KATHLYN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. F. J. FRUEH CRYSTAL CITY, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 11 DAYS
IMMEDIATE CAUSE (a) <u>KLEBSIELLA AND PYOCYANEUS PNEUMONIA</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c) <u>493x</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from JULY 26, 1960 to AUGUST 5, 1960 and last saw her/him alive on AUGUST 5, 1960
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. C. Vermillion, M.D.</i>	(Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 8/5/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-8-60	23c. NAME OF CEMETERY OR CREMATORY ROSE LAWN MEMORIAL	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
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24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 8 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

SEP 14 1960

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 Henry R. Powell

Licensed Embalmer No. 3481

P. O. Address Crystal

Note: The above ~~MUST~~ **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.