OV 1 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34550

1. PLACE OF DEATH: ST CHARLES
County ..... Registration District No. 957 ..... File No. .....
Township ..... Primary Registration District No. 3036 ..... Registered No. 153
City ST CHARLES (No. ....., ... St. ..... Ward)

2. FULL NAME Henry Frodeman
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louisa Frodeman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE: Years 82 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farm 131
(b) General nature of industry, business, or establishment in which employed (or employer): 956 1328
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Mrs. Louisa Frodeman
(Address) Warrenton Mo

15. FILED 10/9, 1928. Hy G Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Oct 8, 1928, that I last saw h. AMM alive on Oct 8, 19..., and that death occurred, on the date stated above, at 11-25 P.m.

(A) THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Nephritis
(Interst. Nephritis + cardiac broken compens.)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Warren Co.
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S J Painter, M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Warrenton City Cem
DATE OF BURIAL: 10/10th 1928

20. UNDERTAKER: F A Hirling
ADDRESS: Warrenton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD