

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

Do not use this space.

43648

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 6740 Smiley Ave.)

File No. ....  
 Registered No. 4  
 St. .... Ward)

**2. FULL NAME** Frank J Froeckmann

(a) Residence. No. 6740 Smiley Ave. St. 3 Ward.

(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 Lillian Froeckmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 0 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Post Office 101  
 (c) Name of employer United States Post Office

9. BIRTHPLACE (CITY OR TOWN) Juliet, Indiana  
 (STATE OR COUNTRY) IND

10. NAME OF FATHER Julius Froeckmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Bertling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) MO.

14. INFORMANT Lillian Froeckmann  
 (Address) 6740 Smiley Ave.

15. FILED JAN - 1 1929 REGISTAR

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1918

17. I HEREBY CERTIFY, That I attended deceased from 11 - 12, 1918, to 12 - 29 - 28, 1918, that I last saw him alive on 12 - 29, 1918, and that death occurred, on the date stated above, at 6:10 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary of Stomach  
Head of Pneumonia  
 (duration) yrs. ? mos. ? ds.  
 CONTRIBUTORY Secondary Hemorrhage from  
 (SECONDARY) of vessel. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH I do not know.

DID AN OPERATION PRECEDE DEATH. yes, DATE OF Nov. 17-28.

19. WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Parental gland - Coronary  
 (Signed) [Signature], M. D.

, 1918 (Address) 3511 N. Euclid

\*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 Valhalla Crematory DATE OF BURIAL Jan 2 1929.

20. UNDERTAKER Chas Lollo ADDRESS 2071 Grand

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.

