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

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.

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

Do not use this space. 21569

File No. .....
Registered No. 6139

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis, Missouri (No. 3431a, Arsenal Street St. ..... Ward)

2. FULL NAME Frederick J. Froboese

(a) Residence, No. 3431a Arsenal St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Hoffmann Froboese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pie Company

10. Date deceased last worked at this occupation (month and year) March 21, 1932 11. Total time (years) spent in this occupation 29yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Christopher Froboese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna Mollet,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs. Louis Froboese
(ADDRESS) 3431 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cemetery DATE July 1 1932

19. UNDERTAKER Biedermann Funeral Home Inc
(ADDRESS) 1939 Gravois St. Louis Mo.

20. FILED JUL 02 1932 Mary C. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932, to June 30, 1932
I last saw him alive on June 30, 1932. Death is said to have occurred on the date stated above, at 4:10 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 6-1-29

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify —

(Signed) Fr. W. Hamlow, M. D.
(Address) 3019 So. Jefferson St. Louis Mo.