

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

Do not use this space.

41736

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 3
 City St. Louis (No. 4748 Greer Ave. St. Ward)

File No.
 Registered No. 10771

2. FULL NAME Agnes Froning

(a) Residence, No. 4748 Greer Ave. St. 10 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Female 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 Alphonse Froning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 9

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Fred Drawe

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Alphonse Froning
4748 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Dec. 18, 1933

19. UNDERTAKER (ADDRESS) Drehmann Haval
1905 Union Blvd.

20. FILED DEC 15 1933 J. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933 to 12/14, 1933

I last saw he alive on 12/14, 1933 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma autem Date of onset 53 E
 Other contributory causes of importance: radium

Name of operation Cavity destruction Date of 2/18/32

What test confirmed diagnosis? Micro. 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) James Burnett Brown M. D.
 (Address) 400 Metropolitan Bldg

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

JAN 26 1934

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Da Brown

(in Da Blain's office)

Metropolitan Bldg

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