

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

Do not use this space.

OCT 1 1934

1. PLACE OF DEATH

County Lutheran Hospital Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis, Mo. (No. _____) St. _____ Ward _____

File No. 27784
 Registered No. 8961

2. FULL NAME Baby Frohman

(a) Residence, No. _____ St. NR Ward. Gary Indiana
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8th 1934</u>		
7. AGE	YEARS	MONTHS DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>+</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>+</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Roy David Frohman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jussala, Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Grace Pearl Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gerald, Mo.</u>	
17. INFORMANT <u>A. Frieda Landsky, R.N.</u> (ADDRESS) <u>Lutheran Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lutheran Hospital</u> DATE <u>July 9th 1934</u>		
19. UNDERTAKER <u>A. G. Klein</u> (ADDRESS) <u>215 S. Broadway</u>		
20. FILED <u>7</u> 1934 <u>J. Bredbeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 9th 1934

22. I HEREBY CERTIFY That I attended deceased from July 8th 1934 to July 9th 1934
 I last saw him alive on 1:30 A.M., 1934. Death is said to have occurred on the date stated above, at 2:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 wt. 2 lbs. 10 oz.
 height 15 1/2 cm.
 159
 Other contributory causes of importance:
159

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) A. Splem, M. D.
 (Address) 4555 Gravois

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.

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