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.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 8001

Township ..... Primary Registration District No. 7 C P

City St. Louis (No. Mo. Pacific Hospital 1 St. ..... Ward)

File No. 4230

Registered No. 1290

2. FULL NAME Arthur Froeckmann

(a) Residence, No. 6624 Marmaduke Ave. St., 3 Ward. 1
(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	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 Frieda Froeckmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25th, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	7	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R. R. 105

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) St. Louis, Mo. 1

FATHER

13. NAME Julius C. Froeckmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Emma Oetting

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

17. INFORMANT (ADDRESS) Frieda Froeckmann 6624 Marmaduke Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Jan. 29th 1937

19. UNDERTAKER (ADDRESS) Frehmann Naval 1905 Union Blvd.

20. FILED JAN 29 1937 19 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from OCT. 7, 1936, to JAN 27, 1937

I last saw him alive on JAN 27, 1937. Death is said to have occurred on the date stated above, at 5 A.m.

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

	Date of onset
SPONGIOBLASTOMA MULTIFORME (BRAIN TUMOR Malignant	9-1-37
MENENGITIS - STAPH AUREUS (P.O.) non Epidemic	
PNEUMONIA R+ Labor	1-12-37
BRAIN ABSCESS. P.O.	

Other contributory causes of importance:

53C

Name of operation CRANIOTOMY Date of 10-21-36

What test confirmed diagnosis? Microscopic of tumor 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? No

If so, specify .....

(Signed) E. G. Graul, M. D.

(Address) Mo Pac Hosp