

NOV 16 1938

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

33955
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **St. Louis** (d) Street No. **St. John's Hosp.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Alphonse Froning**

(a) Residence, No. **3937a Shaw Ave.** St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Mary Froning**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 22, 1877**

7. AGE YEARS **61** MONTHS **3** DAYS **19** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Lithographer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Gast Bank Note Co.**
10. Date deceased last worked at this occupation (month and year) **7-11-38** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Unknown Froning**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mary Froning** (ADDRESS) **3937a Shaw Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Cem.** DATE **10-15**, 19 **38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary**
4228 So. Kingshighway

20. DIED **13 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-11**, 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **7/14**, 19**38**, to **10/11**, 19**38**
I last saw him alive on **10/11**, 19**38**. Death is said to have occurred on the date stated above, at **11:30** P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset **4/1/38**
Cancer of Stomach

Other contributory causes of importance: **None.**

Name of operation **Gastrostomy** Date of **8/19/38**
What test confirmed diagnosis **all test** 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) **J. J. Kennedy** M. D.
(Address) **3714 So. Grand St. Louis**

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.

Dr. John Hennelly

1-3

Richardson Bldg 4th floor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Edwin M. Bennett

Licensed Embalmer No.

3025

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.