

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 30543
Registrar's No. 7820

Registration District No. 7911 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5162a Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5162a Kensington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 months years.

3. (a) PRINT FULL NAME Fanny Froelich
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 18
year 1940 hour 11 minute 15 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ferdinand Froelich 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased September 16, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 18 3 p.m.
1940 to Sept 18 1940
that I last saw him alive on Sept 18 3 p.m. 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 0 Days 2 If less than one day hr. min.

Immediate cause of death Aberrant aortic heart disease
Due to old age

9. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

Due to old age

10. Usual occupation AtchHomeohen

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Jacob Cohen

Of autopsy _____

13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

14. Maiden name Anna (unk)

15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant F. Froelich

(b) Address 5162 a Kensington

17. (a) Burial (b) Date thereof 9/20/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Basi Amoen

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) SEP 19 1940 (b) J.P. Braddock
(Date received at registrar's office) (Signature of Registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury !
23. Signature Frank O. Stern (M. D. or other) M.D.
Address 1185 Hickman Date signed Sept 19

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Robt. E. ...*
.....
Licensed Embalmer No.
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, fact should be so stated above: