

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 16 1942

Registration District No. 1572

Primary Registration District No. 4091

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill ~~Mo.~~ Ill.

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one year

In this community one year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Pleasant Hill Mo.

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elizabeth Frauentfelder

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1942 hour 5 minute 30 A.M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Conrad Frauentfelder

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 24 1877

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 10 1942 to Feb. 27 1942 that I last saw her alive on Feb. 26 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of Liver

Duration 6 hrs.

9. Birthplace Chicago Ill.

Due to \_\_\_\_\_

Due to H6

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name George Froboise

13. Birthplace Germany

14. Maiden name \_\_\_\_\_

15. Birthplace Louisa Groth Chicago

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Edna Reid

22. If death was due to external causes, fill in the following:

(b) Address Pleasant Hill Mo.

17. (a) Burial (b) Date thereof March 1

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director C. Brownfull

(b) Address Pleasant Hill Mo.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) March 3-1942 (b) Margaret

(Date received local registrar) (Registrar's signature)

23. Signature A. W. Murray (M. D. or other) \_\_\_\_\_

Address Pleasant Hill Mo. Date signed 2/28/42

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

**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.....

By me on Feb. 27 1942

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*C. W. Brownfield*

Licensed Embalmer No.

*3785*

P. O. Address

*Pleasant Hill*

**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.**