

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36692

State File No. _____

Registrar's No. 822

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 day (Specify whether
In this community Oct 5 44 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 411 No 17 St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JUSTIN ED FROIDEVAUX

3. (b) If veteran, name war no 3. (c) Social Security No. 710

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days ? If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Andrew Co. Mo

12. Name Celestine Froidevaux

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

14. Maiden name Elizabeth Trochel

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

16. (a) Informant Leon E Froidevaux

(b) Address 1917 St Joseph, St Joseph Mo

17. (a) burial (b) Date thereof July 16 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Ray Stoney

(b) Address St Joseph Mo

19. (a) 11-16-42 (b) Rose Hergooz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1942 hour 7:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 13 1942 to November 14 1942
that I last saw him alive on November 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-vascular disease Duration _____
Apoplexy

Due to Arteriosclerosis general

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Walter Smith (M. D. or other) MD

Address Wellborn Court Date signed 11/16/42

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

11
1
7

1233

(Licensed Embalmer's Statement on Reverse Side)

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.....

John Roy Alamey

Licensed Embalmer No.....

2435

P. O. Address.....

St. Joseph, Miss

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.