S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26653

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7152

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3443 Nebraska Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: 000 12

(a) State Missouri (b) County
(c) City or town St Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3443 Nebraska Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELLEN FROHOFF

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 Widow 2

6. (b) Name of husband or wife Henry Frohoff
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 25 1868 (Month) (Day) (Year)

8. AGE: Years 75 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER

12. Name Louis Dormann
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Elizabeth Mc Govan
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lillie Vogeli
(b) Address 3443 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date then Aug 9th/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Theo Litz & Son
(b) Address 2906 Gravois Ave.

19. (a) AUG 8 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 year 1943 hour 10 30 A.M. or P.M.

21. I hereby certify that I attended the deceased from May 3 1943, to Aug 5 1943, that I last saw her alive on Aug 6 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Arteriosclerosis
Bronchitis
Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration
2 years or More

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) No
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3610 So Broadway Date signed 8-7-43

(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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Grand

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.