

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
LED SEP 17 1943  
Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 8031  
Registrar's No.

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

1. PLACE OF DEATH:  
(a) County ST. LOUIS MO  
(b) City or town ST. LOUIS MO  
(c) Name of hospital or institution: ENROUTE - CITY 3 HOSPITAL  
(d) Length of stay: In hospital or institution, write street number or location 45 YRS.  
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALOYSIUS FROEHLY  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife MOLLIE FROEHLY  
6. (c) Age of husband or wife if deceased DECEASED  
7. Birth date of deceased: JULY 6TH 1869 (Month) (Day) (Year)

8. AGE: Years 74, Months 2, Days 1, If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business TUCK POINTER JOSEPH FROEHLY

12. Name ALSACE LORRAINES  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name MARY MUELLER  
15. Birthplace ALSACE LORRAINES (City, town, or county) (State or foreign country)

16. (a) Informant RUD CANNELL  
(b) Address 1435 N. NEWSTEAD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland and Co  
(b) Address 1827 HOGAN STR

19. (a) SEP 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 000 17  
(c) City or town ST. LOUIS 711  
(d) Street No. 1435 N. NEWSTEAD AV. (If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country NO. 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month SEPT, day 7TH, year 1943, hour 5, minute 25 PM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion; Arteriosclerosis;

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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: Thomas J. Callinan (M. D. or other)  
Address: Deputy Coroner Date signed 9-9-43

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**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 Gonoski*  
Licensed Embalmer No. *3398*  
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.**