

FILED JAN 12 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1250

Registrar's No. 1483

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 3105 North 10  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALICE - FROECHTENICHT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color Wht 6. (a) Single, widowed, married, divorced wid.

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

about 69

9. Birthplace unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name unknown

13. Birthplace 11 \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name 11

15. Birthplace 11 \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Family Record

(b) Address 13 3105 North 10th

17. (a) \_\_\_\_\_ (b) Date thereof 12/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stamley Funeral Home

(b) Address St Joseph MO

19. (a) 12-30-43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1943 hour 5 - minute A. M.

21. I hereby certify that I attended the deceased from December 27 1943 to December 28 1943 that I last saw her alive on December 27th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration unknown  
Heart Disease Arteriosclerotic  
Due to unknown

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

Major findings: 93d  
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 Rose Herzog (M. D. or other)  
Address SOCIAL WELFARE BOARD Date signed 12/29/43

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

MOTHER FATHER

**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

*Mollie E. Sidenfaden Fox*

Licensed Embalmer No.

*4235*

P. O. Address

*St. Joseph, Mo.*

**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.**