

No. 2  
1-10-39  
-17-39  
X21402

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

321  
State File No. \_\_\_\_\_  
880  
Registrar's No. \_\_\_\_\_

FILED FEB 4 1948

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

I. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(c) Name of hospital or institution:  
4720 Pennsylvania /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 18 Years  
years, months or days)

3. (a) PRINT FULL NAME William E. Froehlich

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 28 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 6 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation Cigar Salesman

11. Industry or business Cigar Store

12. Name Fred Froehlich

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

14. Maiden name Ana Marie Weber

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

16. (a) Informant \_\_\_\_\_  
(b) Address 4720 Pennsylvania

17. (a) Cremation (b) Date thereof 1-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

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

(b) Address 6322 So. Grand Blvd.

19. (a) JAN 28 1944 (b) J. F. Bredbeck  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4720 Pennsylvania  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th  
year 1944 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Dec. 2nd 1943  
1943, to Jan. 26, 1944

that I last saw him alive on Jan. 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Mike Basis of carcinoma  
in liver & peritoneum  
Due to Cancer of stomach  
Primary in stomach  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: Carcinoma  
Of operations: of stomach - nodes in liver  
Of autopsy \_\_\_\_\_  
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 J. F. Bredbeck (M. D. or other) \_\_\_\_\_

Address 508 No. Grand Date signed 1-28-44

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

Dr. Moas  
Metropolitan Bldg  
2-4 P.M.

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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 Virgil L. Berryman  
Licensed Embalmer No. 4018  
P. O. Address St. Louis, 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, above space should be left blank.