

FILED MAY 29 1944

Side File No. 218
Registral's No. 1136

Registration District No. Primary Registration District No. 6076

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Robertson Rf. 1
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years years, months or days

3. (a) PRINT FULL NAME CATHERINE FROUHE
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Wm. J. Frouhet 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Mar 10 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER
12. Name W. C. Heiler
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Catherine Peters
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant William J. Frouhet

(b) Address Robertson Rf. 1 Mo.

17. (a) Burial (b) Date thereof May 19, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Baumann Bros.
(b) Address 2504 Woodson Rd. Overland
19. (a) MAY 20 1944 (Date received) (b) E. J. McDevian, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Robertson Mo. Rf. 1 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16 year 1944 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from 6-7 1943 to 5/16 1944 that I last saw him alive on 5/15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Heart failure</u>	<u>2 mo</u>
Due to <u>Cerebral embolism of cerebral artery with brain infarction</u>	<u>?</u>
Due to <u>Arteriosclerosis of brain</u>	<u>?</u>

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy no
PHYSICIAN H. G. F.
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 R. O. Hayes (M. D. or _____)
Address _____ Date signed 5/16/44

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 W G Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 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.