

FILED FEB 31 1946

Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 954

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5850 Lotus Avenue. /
(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)

3. (a) PRINT FULL NAME Rudolph Froese.

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. Henrietta Froese. 6. (c) Age of husband or wife if alive. Dec'd years

7. Birth date of deceased. March 27, 1854.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 10 1 hr. min.

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

10. Usual occupation. retired

11. Industry or business

12. Name. Johan Froese.

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

14. Maiden name. Amelia Steckbeck.

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

16. (a) Informant. Mr. Ewald R. Froese.
(b) Address. 5850 Lotus Avenue.

17. (a) Burial (b) Date thereof. 1-30-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cemetery

18. (a) Signature of funeral director. Geo. L. Pleitsch, Inc.

(b) Address. 5966-68 Easton Avenue.

19. (a) JAN 29 1946 (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. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5850 Lotus Avenue.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th.
year. 1946 hour 3 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 28, 1946
to Jan 28, 1946
that I last saw h. in alive on Dec. 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Arteriosclerosis

Due to.....

Due to.....

Other conditions. senile dementia
(Include pregnancy within 6 months of death)
chr. cystitis; chr. nephritis

Major findings. catarrhal

Of autopsy. no.

Duration

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)
(c) Means of injury.....

23. Signature. Wm. J. Langan (M. D. or other)
Address. 580 38th Street Date signed Jan 28/46

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

2519

Dr. W.J.Langan.
5803 Plymouth Avenue.
Hours 12 to 1 P.M.
Telephone Cabanne 0220

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.....

Licensed Embalmer No.....

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.