

FILED JUN 3 1946
Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution St. Louis County Hospital
(d) Length of stay: In hospital or institution 6 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(d) Street No. 1640 Dula Avenue
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Fred Froehlich
3. (b) If veteran, name war World War I
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21 at
year 1946 hour Five minute 25 P.M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from May 15th 1946 to May 21st, 1946
that I last saw him alive on May 21st, 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased: March 3 1892
(Month) (Day) (Year)

Immediate cause of death Cancer
Duration 1 mo

8. AGE: Years Months Days If less than one day
54 2 19 hr. min.

Due to Carcinoma of unknown site
Due to 55.7

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation none
11. Industry or business _____

Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name William Froehlich
13. Birthplace Germany
14. Maiden name Sophia Mary Kuzel
15. Birthplace Germany

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? _____

16. (a) Informant Fred Froehlich, self
(b) Address same address
17. (a) Burial (b) Date thereof 5-25-1946
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director E. P. Pleulich, Inc.
(b) Address 5966-68 Easton Springs
19. (a) 5-25-46 (b) E. D. McFarland

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____
(e) Means of injury _____
23. Signature Paul B. Vetter
Address St. Louis County Hosp. Date signed 5/27/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16769

JUL 2 1944

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 *Clement M. May*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.