

S. No. 2  
I-12-45  
7-5-17-39  
X 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENTRAL  
**FILED NOV 25 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **388619**  
Registrar's No. **9659**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City 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 **Missouri** (b) County **Gas**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **221 S. Broadway**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Otto Paul Fromm**  
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**  
4. Sex **Male** 5. Color, or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Viola Fromm** 6. (c) Age of husband or wife if alive **Unk.** years  
7. Birth date of deceased **June 12 1901**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **6**  
year **1946** hour **2** minute **17** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**45** **4** **24** hr. min.

Immediate cause of death \_\_\_\_\_  
**gangrene of right foot**  
**and leg (diabetic)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: **61**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Hermann Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Mail Carrier**

11. Industry or business  
12. Name **Frank Fromm**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Wilhelmina Bohl**  
15. Birthplace **Hermann Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Estelle Sage**  
(b) Address **5720 Wabada Ave.**

17. (a) **Burial** (b) Date thereof **11-11-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Albert H. Hopoe**  
(b) Address **4700 Washington Blvd.**

19. (a) **NOV 12 1946** (b) **J. F. Brebeck**  
(Date received local registrar) (Registrar's signature)

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 **Deputy Coroner** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **11/12/46**

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

3743

6596

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..... *Elms R. Cadwell* .....

Licensed Embalmer No. *4077* .....

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.**