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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11841

State File No. 1

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 706

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7035 Etzel 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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 7035 Etzel D
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Carl George Froehlich, Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. ()

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Flora Marie Schwer

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 7 (Day) 1876 (Year)

8. AGE: Years 71 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Piano Tuner

11. Industry or business _____

FATHER
12. Name Carl George Froehlich
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Louise Neher
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Edgar C. Froehlich
(b) Address 1118 Ursula

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Alexander Sons, Inc.
(b) Address 6175 Delmar

19. (a) 3-28-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 4: minute 00 A.M.

21. I hereby certify that I attended the deceased from July 31, 1944, to March 25, 1947
that I last saw him alive on March 4, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to myocarditis. 93D.

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

Major findings:
Of operations no operation

Of autopsy none.

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury ()

23. Signature Walter G. Kirchner (M. D. or other)
Address 508 N. Grand Blvd. Date signed 3/25/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1947

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. Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address. 6195 Delmar

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.