

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

**FILED MAY 21 1947**

Registration District No. **169**

Primary Registration District No. **4258**

Registrar's No. **140**

52  
1  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County **KNOX**

(b) City or town **EDINA**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **LIFETIME** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **KNOX 52**

(c) City or town **EDINA**  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ALBERT LOUIS FROBES**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **may** day **14** year **1947** hour **10** minute **30 A.M.**

**21. I hereby certify that I attended the deceased from** **Nov 27**, 1946, to **May 14**, 1947, that I last saw him alive on **may 14**, 1947, and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MARGARET FROBES** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug 1 1866**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** **6 mo**

Duration \_\_\_\_\_

**8. AGE:** Years **80** Months **9** Days **13** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **Colchester Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **MERCHANT & CONTRACTOR**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Q4A**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**11. Industry or business**

**12. Name** **CHARLES W. FROBES**

**13. Birthplace** **FRANKFORT GERMANY**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **AMELIA ZOPHAL**

**15. Birthplace** **FRANKFORT GERMANY**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Edina bank**

(b) Address **Edina Mo.**

**17. (a) BURIAL** (Burial, cremation, or removal) (b) Date thereof **May 17 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's New S.E.M.**

**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? \_\_\_\_\_

**18. (a) Signature of funeral director** **Paul C. Kieghaus**

(b) Address **Edina Mo.**

**19. (a) May 12-47** (Date received local registrar) (b) **Nell S. Nusselt** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

**23. Signature** **J. J. Breckenfeld** (M. D. or other) **DO.**

Address **Edina Mo.** Date signed **5/16/47**

SEP 21 1948

RECEIVED  
District Health Officer No. 10  
District File Number 5-47-865  
Date Filed MAY 20 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 Paul C. Fiegler

Licensed Embalmer No. 4085

P. O. Address Edina, Missouri

**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.**