

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3563

State File No. \_\_\_\_\_

|  |  |  |                  |   |  |   |  |
|--|--|--|------------------|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>317</u>  |                  | PRIMARY REG. DIST. NO. <u>6076</u>  |  | Registrar's No. <u>964</u>  |  |
| 1. PLACE OF DEATH  |  |  |                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |   |  |
| a. COUNTY<br><u>St. Louis,</u>   |  | b. CITY (If outside corporate limits, write RURAL and give town or township)<br><u>Ellisville,</u>     |                  | a. STATE<br><u>Mo.</u>  |  | b. COUNTY<br><u>St. Louis,</u>  |  |
| c. LENGTH OF STAY (if this place)<br><u>15 1/2 yrs</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Ellisville,</u>             |                  | d. STREET ADDRESS (If rural, give location)<br><u>Highway #50</u>                     |  | 96<br>2   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Highway #50</u>  |  |  |                  | d. STREET ADDRESS (If rural, give location)<br><u>Highway #50</u>                     |  |   |  |
| 3. NAME OF DECEASED  |  |  | 4. DATE OF DEATH |   |  |   |  |
| a. (First)<br><u>Edward</u>  |  | b. (Middle)  |                  | c. (Last)<br><u>Froesel</u>   |  | Date (Month) (Day) (Year)<br><u>Jan. 25, 1949</u>                                   |  |
| 5. SEX<br><u>Male</u>  |  | 6. COLOR OR RACE<br><u>White</u>   |                  | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widower</u>               |  | 8. DATE OF BIRTH<br><u>Jan. 7, 1878</u>   |  |
| 9. AGE (In years last birthday)<br><u>71</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |                  | IF UNDER 2 HRS.<br>Hours _____ Mins. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>gas &amp; oil distributor</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Froesel Oil Co.</u>  |                  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis Co. Mo.</u>                 |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>Thomas Froesel</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Louisa Stock</u>   |                  | 14. NAME OF HUSBAND OR WIFE<br><u>Addie Wetterer Froesel</u>                          |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY<br><u>498-011-6996</u>   |                  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Se Roy Froesel, Ellisville, Mo.</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                  |  | MEDICAL CERTIFICATION  |                  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u>                                   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  |  | ANTECEDENT CAUSES<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>Arteriosclerosis - (General)</u>  |                  |   |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>430</u>  |  |  |                  |   |  |   |  |
| 19a. DATE OF OPERATION<br><u>none</u>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>3 1/2"</u>  |                  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |                  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                       |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 23, 1949</u> , to <u>Jan 26, 1949</u> , that I last saw the deceased alive on <u>Jan 25, 1949</u> , and that death occurred at <u>5:25 P. m.</u> , from the causes and on the date stated above. |  |  |                  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Henry F. Scott M.D.</u>   |  |  |                  | 23b. ADDRESS<br><u>Balwin Mo.</u>   |  | 23c. DATE SIGNED<br><u>Jan 26, 1949</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>1/28/49</u>  |                  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Resurrection Cem.</u>                        |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co. Mo.</u>           |  |
| DATE REC'D BY LOCAL REG.<br><u>1-27-49</u>   |  | REGISTRAR'S SIGNATURE<br><u>Edward K. ...</u>  |                  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Schrader Funeral Home, Balwin, Mo.</u> |  |   |  |

(License Embalmers Statement on Reverse Side)

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

96  
0  
C

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Theo Schrader*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

**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.