

STANDARD CERTIFICATE OF DEATH

State File No. 38729

10172

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - Mo b. COUNTY - Schouie							
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis		c. LENGTH OF STAY (in this place) 3 mo		c. CITY (If outside corporate limits, write RURAL and give township) Castlemoore		9/3/49					
d. FULL NAME OF HOSPITAL OR INSTITUTION Franz Reubert Hospital				d. STREET ADDRESS (If rural, give location) N.W. Holland Rd Glencoe Mo RFD 1							
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Michael c. (Last) Fromm			4. DATE OF DEATH (Month) (Day) (Year) 11 22 49								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2-3-1899					
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard man			10b. KIND OF BUSINESS OR INDUSTRY Frisco RR.			11. BIRTHPLACE (State or foreign country) St Louis Mo					
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Charles Fromm		13b. MOTHER'S MAIDEN NAME Josephine Wassmer		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Frank Fromm Special Mo RFD No 1				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of tonsil & metastasis of carcinoma to lungs & mediastinum. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 5 mo 5 mo			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 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)		H 5 D					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1 1/2 hrs							
22. I hereby certify that I attended the deceased from 8-29-1949, to 11-22-1949, that I last saw the deceased alive on 11-22-1949, and that death occurred at 4:30 P. M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Henry W. Noller M.D.				23b. ADDRESS 4960 Laclede St. Springfield, Mo				23c. DATE SIGNED 11/22/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-25-49		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		24d. LOCATION (City, town, or county) (State) 7030 Gravois					
DATE REC'D BY LOCAL REGISTRAR NOV 26 1949		REGISTRAR'S SIGNATURE J. B. Fessler		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funl Home		ADDRESS Ballwin Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

10172

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.

Student
Student Embalmer

Signed _____

Paul M. Seymour

Licensed Embalmer No. 4343

P. O. Address St. Louis 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.