

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13557
Registrar's No. 6

BIRTH NO. _____		REG. DIST. NO. <u>279</u>		PRIMARY REG. DIST. NO. <u>5957</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>0827</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>6 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANNADA R.R.1. Prairieville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE 1 ANNADA</u>				d. STREET ADDRESS (If rural, give location) <u>ROUTE 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>G.</u> b. (Middle) <u>HENRY</u> c. (Last) <u>FROMM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 17 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 16 1866</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MEAT CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>German</u>		13a. FATHER'S NAME <u>HENRY FROMM</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>SELMA FROMM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SELMA FROMM Route 1, ANNADA, Mo.</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>1-10</u> , 19 <u>51</u> , to <u>3-17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>51</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Robert N. Hull M.D.</u>				23b. ADDRESS <u>ELSBERRY MISSOURI</u>		23c. DATE SIGNED <u>3-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 20 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-51</u>		REGISTRAR'S SIGNATURE <u>Suda Richard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Gravois</u>		ADDRESS <u>St Louis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48820
1

Date Received: **APR 12 1951**

DISTRICT HEALTH OFFICE #2

District File Number **4-51-74**

Date Filed: **APR 16 1951**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James E. Hill

Signed.....

Student Embalmer

Licensed Embalmer No.....

4347

P. O. Address.....

2906 Harris

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.