

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24594
Registrar's No. 6764

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital

d. STREET ADDRESS (If rural, give location) 4344a College Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Henrietta b. (Middle) M. c. (Last) Frohoff.

4. DATE OF DEATH (Month) (Day) (Year)
7 27 '51

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 10-25-'07

9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Missouri U

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME John Knoll

13b. MOTHER'S MAIDEN NAME Josephine Van Luke

14. NAME OF HUSBAND OR WIFE Arthur Frohoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 495-18-0436

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Frohoff-4344a College Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenic purpura, cause undetermined.

INTERVAL BETWEEN ONSET AND DEATH 20 days

*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 DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 296X

22. I hereby certify that I attended the deceased from July 15, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. B. Jones D. M.D. (Degree or title)

23b. ADDRESS 337 W. Lockwood Webster lived 19 yrs.

23c. DATE SIGNED July 28, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-30-51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUL 29 1951 REGISTRAR'S SIGNATURE J. B. Lacater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodhart & Goodhart 2228 St. Louis Ave.

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

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.....
Student Embalmer

Signed *J. Wm. Bensley*

Licensed Embalmer No. *3653*

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.