

S. No. 30
V. 10.48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11357

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 569

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>	
c. LENGTH OF STAY (In this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>Pine Crest Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Alex</u> c. (Last) <u>Froning</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-52</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>May 4, 1867</u>	9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>2</u>	11. DAYS <u>28</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Alexanier Froning</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bryan</u>		14. NAME OF HUSBAND OR WIFE	
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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 <u>Pine Crest Homes, Ballwin, Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Arteriosclerosis</u>		DUE TO (b) <u>hypertension</u>		DUE TO (c) <u>unknown</u>		<u>Post</u> <u>-?</u>
		ANTECEDENT CAUSES		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 checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 2-27, 1952, to 2-28, 1952, that I last saw the deceased alive on 2-28, 1952, and that death occurred at 5:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>John Barrett M.D.</u> (Degree or title)		23b. ADDRESS <u>243 W. Jefferson Kirkwood</u>		23c. DATE SIGNED <u>2-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Road Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-29-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenbein Bros</u>		ADDRESS <u>6409 Gravois Ave</u>	
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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 *Law M. Ligon*

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.