

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37704**

FILED DEC 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1266</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (in this place) OR TOWN <u>60 years</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>517 Kentucky St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u>		b. (Middle)		c. (Last) <u>FROGGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-9-1875</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Shelbyville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Frogge</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessa Barnes, 517 Kentucky St.</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>Broncho Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>General Debilitation</u>						unk unk		
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 <u>260x</u>					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)				
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?				
22. I hereby certify that I attended the deceased from <u>11-18</u> , 19 <u>52-29</u> <u>11-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-28</u> , 19 <u>52</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. W. Blain, M.D.</u>				23b. ADDRESS <u>St. Joseph Tootle Building, Mo.</u>		23c. DATE SIGNED <u>12-3-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Paul Stupp</u>		ADDRESS <u>St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

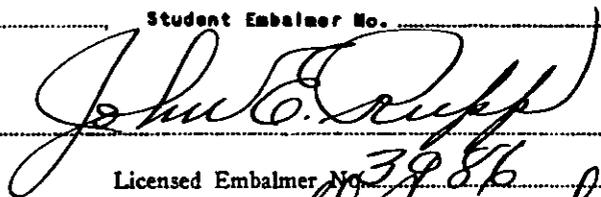
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____



Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.