

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. \_\_\_\_\_  
Registrar's No. **8806**

BIRTH NO. **64411** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>St. Louis</b> <b>2029</b> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christiana</b> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <b>3 6028 Elizabeth</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant</b> b. (Middle) <b>male</b> c. (Last) <b>Froeschner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 30 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Aug 30 1953</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>3</b> If under 1 year: Months Days Hours Mins
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>
12. CITIZEN OF WHAT COUNTRY?		13. BIRTHPLACE	
12a. FATHER'S NAME <b>Gilbert Froeschner</b>		13b. MOTHER'S MAIDEN NAME <b>Shirley Long</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Gilbert Froeschner</b> ADDRESS <b>6028 Elizabeth</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> 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 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) <b>774 X</b>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:32A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>A. Stein MD</b> (Degree or title)		23b. ADDRESS <b>6917 W. Flouissant</b>	
23c. DATE SIGNED <b>8/30/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>9-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd and Mortuary</b> ADDRESS <b>1004 Manchester Ave.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 11 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.