

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39706

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 100 Registrar's No. 2405

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| 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) <u>Spanish Lake</u> | | c. CITY OR TOWN <u>Spanish Lake</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 year</u> | | e. STREET ADDRESS (If rural, give location) <u>11421 Bellefontaine Road # 200</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11421 Bellefontaine Road</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Theodore</u> | b. (Middle) <u>F.H.</u> | c. (Last) <u>Froese</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 13 1954</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>Married</u> | 8. DATE OF BIRTH <u>Dec. 1, 1886</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - work.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>work</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William Froese</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Hoermann</u> | 14. NAME OF HUSBAND OR WIFE <u>Adele Froese</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>488-05-1085</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Adele Froese, 11421 Bellefontaine Rd.</u> |
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| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma metastas to Bin</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>April 23 May 54</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Rectum</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Proctoscopic + biopsy May 1 - 54</u> <u>Operation on colon May 5/4</u> | 20. AUTOPSY? <u>154X</u> YES <input checked="" type="checkbox"/> NO <input 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) <u>St. Louis</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 19 44, 19____, to Oct 13, 19 54, that I last saw the deceased alive on Oct 13, 19 54 and that death occurred at 7:00 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. Hamilton</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>8363 Halls Ferry Rd</u> | 23c. DATE SIGNED <u>Oct 14 54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct 16 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>10/15/54</u> | REGISTRAR'S SIGNATURE <u>Wesley R. Romberg</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc., 2161 E. Fair Ave</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4400

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.....
Signature of Student Embalmer

Signed *Chas. W. Hatz*.....
Licensed Embalmer No. 370
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.