

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

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1003

10266
STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 1706

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Gray Summit 0360	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hosp.		d. STREET ADDRESS R.1. Labadie, Mo.	
Length of stay in lb 13 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Catherine Una Frohwitter			4. DATE OF DEATH Month Day Year Feb 17 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 15, 1897	9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millner		10b. KIND OF BUSINESS OR INDUSTRY Hat Industry		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
13. FATHER'S NAME James M. Musick			14. MOTHER'S MAIDEN NAME Elizabeth Miller		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-07-5561	17. IMPORTANT ADDRESS Labadie, Route # 1 Gray Summit, Mo. Peter G. Frohwitter
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma involving brain DUE TO (b) Carcinoma of Breast DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 1 yr +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/28/56 to 2/17/57 and last saw her alive on 2/17/57 Death occurred at 9:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE G. Reinschmidt MD	22b. ADDRESS 508 N. Grand	22c. DATE SIGNED FEB 19 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/20/57	23c. NAME OF CEMETERY OR CREMATORY St. Bridget's	23d. LOCATION (City, town, or county) (State) Pacific Mo.
24. FUNERAL DIRECTOR Frohwitter & Sons High Ridge	25. DATE RECD. BY LOCAL REG. FEB 19 57	26. REGISTRAR'S SIGNATURE Paul Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

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occurring the medical certification in the specific manner required by the laws of Missouri. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Neville B. Threlkutter*

Licensed Embalmer No. *3696*

P. O. Address *High Ridge*

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.