Health, Welfare Public Service

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1-57

FILED MAY 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020341
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1260

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 822 Francis Pl — Length of stay in 1b years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Clayton 4442 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 822 Francis Pl — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Helen; Middle; Last Frobase

4. DATE OF DEATH: Month May; Day 8; Year 1958

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 17, 1902

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Harry J. Conklin.

13b. MOTHER'S MAIDEN NAME: Louise A. Doellinger.

14. NAME OF HUSBAND OR WIFE: Roy H. Frobase.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO. 487-42-2581 none

17. INFORMANT: Mrs.Dale Knight. Address: 721 Westwood Dr;Clayton,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Atelectasis of lung	4 days
DUE TO (c)	Adenocarcinoma of breast	1956

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adenocarcinoma of breast with metastase to lung, brain

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 170X

20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Mar 10 58 to May 8 1958 and last saw her/him alive on May 8 1958. Death occurred at 11:50 a.m. May 8 58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ray David Williams (Degree or title) M.D.

22b. ADDRESS: 114 North Taylor Ave.

22c. DATE SIGNED: 8 May 58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 5-10-1958

23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis Co. Missouri

24. FUNERAL DIRECTOR: C.R. Lupton and sons ADDRESS: 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.: 5-9-58

26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, M

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.