Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023299
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6499

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Length of stay in 1b 15 2039

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 6506 Murdoch — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EWALD Middle R. Last FROESE

4. DATE OF DEATH Month June Day 25 Year 1958

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH October 16,1888

9. AGE (In years last birthday) 69 yrs. 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) Architect

10b. KIND OF BUSINESS OR INDUSTRY Architectural Co.

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Rudolph H. Froese

13b. MOTHER'S MAIDEN NAME Henrietta Schwanke

14. NAME OF HUSBAND OR WIFE Mrs. Linnea Bengtson Froese

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Linnea Froese Address 6506 Murdoch

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH 7 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHOGENIC CARCINOMA - L. LUNG — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 162.1

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

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

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

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 July 11 1957, to June 25 58 and last saw her/him alive on June 25 1958
Death occurred at 7:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rannusbaum EMD.

22b. ADDRESS 3701 Grandel

22c. DATE SIGNED 6-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE June 28,1958

23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, 23, Mo.

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc. 1936 St.Louis AVe.

25. DATE REC'D BY LOCAL REG. JUN 28 58

26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(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.

11-3:30 X [illegible]

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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 45-2[illegible]

P. O. Address [illegible]

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.