

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024630

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District 1003 Registrar's No. 6000

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		a. STATE <b>MISSOURI</b> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP #1</b>		d. STREET ADDRESS (If outside, give location) <b>5054 WASHINGTON AVENUE</b>	
3. NAME OF DECEASED (Type or print) First <b>HUGO</b> Middle <b>M.</b> Last <b>FROEHLICH</b>		4. DATE OF DEATH Month <b>6</b> Day <b>14</b> Year <b>62</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/24/1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TOBACCO MERCHANT</b>	9. AGE (last birthday) <b>82</b>
13a. FATHER'S NAME <b>CARL FROEHLICH</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA NEHER</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCES DONNELLY FROEHLICH</b>	
17. INFORMANT <b>Mrs. Frances Froehlich</b>		Address <b>5054 Washington Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute tracheobronchitis &amp; early pneumonia</b> DUE TO (b) <b>500 X H</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Postop. Radical tongue jaw neck resection - Carcinoma of tongue</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>8:45 p.m.</b> Month, Day, Year <b>5-17-62</b>	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 <b>St. Louis</b> COUNTY <b>St. Louis</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>5-17-62</b> to <b>6-14-62</b> and last saw her/him alive on <b>6-14-62</b> Death occurred at <b>8:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>1515 LAFAYETTE AVE</b>	
22a. SIGNATURE (Degree or title) <b>R. C. Craig, M.D.</b>		22c. DATE SIGNED <b>6-14-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-18-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>Beiderwieden F.H. Inc. 1936 St. Louis Ave</b>		25. DATE RECD. BY LOCAL REG. <b>June 18, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roald Smith, M.D.</b>

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 USE BLACK INK OR TYPEWRITER RIBBON  
 R. C. CRAIG, M. D.

**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 \_\_\_\_\_

Licensed Embalmer No. 4520

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.