

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048344

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

12317

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED JAN 2 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 91 yrs.		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3469a Giles Avenue				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First LOUISE Middle CHRISTINE Last FROBOESE			4. DATE OF DEATH Month December Day 21 Year 1962			5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/6/71		9. AGE (last birthday) 91 years		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				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 H. H. Hoffmann				13b. MOTHER'S MAIDEN NAME Anna Schmidt				14. NAME OF HUSBAND OR WIFE Frederick J. Forboese											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT Mrs. Anita Heller, 3469a Giles Ave. (16)				Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ac Myocardial Infarction.</i>												INTERVAL BETWEEN ONSET AND DEATH <i>1 da</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio sclerotic heart disease</i>												<i>1 yr</i>							
DUE TO (c) <i>Generalized Arterio Sclerosis</i>												<i>8 yrs.</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
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 _____ a.m. _____ p.m.		Month, Day, Year																	
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 <i>1949</i> to <i>12/21/62</i> and last saw her <i>alive on 10/20/62</i>				Death occurred at <i>12:05 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>C. H. Dunstall MD</i>				(Degree or title)				22b. ADDRESS <i>5203 Chippewa</i>				22c. DATE SIGNED <i>12/21/62</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 24, 1962		23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery				23d. LOCATION (city, town, or county) (State) St. Louis, Missouri											
24. FUNERAL DIRECTOR Beiderwieden F.H.Inc., 1936 St. Louis 9 6)				ADDRESS				25. DATE RECD. BY LOCAL REG. DEC 22 1962		26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>									

Dr. A. H. Bissell
5203 Chippawana

HW 1-8028

1:30 - 5 P.M.

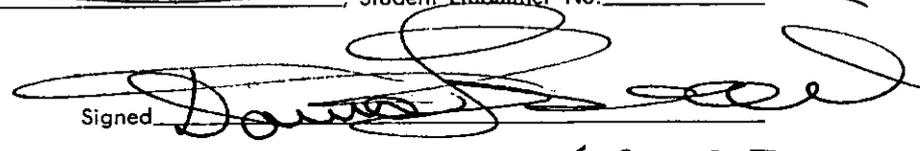
STATEMENT BY LICENSED EMBALMER

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 Flowing me

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.