

NOV 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33861

Do not use this space.

8399

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
(b) Township.....¹ Primary Registration District No.....¹⁰⁰³
(c) ^{or} City St. Louis (d) Street No. 3656 Hartford St. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henrietta Frohard
(a) Residence, No. 3656 Hartford St. St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, 0
(STATE OR COUNTRY) Missouri 6

FATHER 13. NAME John Frohard 6
14. BIRTHPLACE (CITY OR TOWN) 6
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Wilhelmina Seesman
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

17. INFORMANT Miss Elizabeth Frohard
(ADDRESS) 3656 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cm DATE 10/2/39 19

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co
(ADDRESS) 2201 S. Grand Bl.

20. OCT 2 1939 19
J. P. Biduch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/39, 19
22. I HEREBY CERTIFY, That I attended, deceased from Oct 21st, 1938, to Sept 29th, 1939.
I last saw h. sv alive on 9/22/39, 19..... Death is said to have occurred on the date stated above, at 9:30 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset Oct '38
Chronic Myocarditis with Heart Failure
Other contributory causes of importance:
Name of operation.....None Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) C. E. Stindse, M. D.
(Address) 3651 Grand Bl. Sq.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette S

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 this body is not embalmed, above space should be left blank.