

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **8319**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **3003 Miami St.** **2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis** **24**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3003 Miami St.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **BARBARA FROECHTENIGT**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frank Froechtenigt** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 28 1859**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>8</b>	<b>5</b>	hr. _____ min. _____

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

12. Name **Rudolph Schneider**

13. Birthplace **Alsace Lorraine**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dont know.**

15. Birthplace **Dont know.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph F. Froechtenigt**

(b) Address **3003 Miami St.**

17. (a) **Burial** (b) Date thereof **Oct. 7, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **H. Gebken Lx U Co**

(b) Address **2842 Meramec St.**

19. (a) **OCT 7 1940** (b) **J. J. Braddock**  
(Date received by local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **3rd**  
 year **1940** hour **8** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **Feb. 29, 1940** to **October 3, 1940**

that I last saw her alive on **October 3, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** **4 hours**

Due to **Coronary occlusion** **8 mo (?)**

Due to **Arteriosclerosis** **?**

Other conditions **Hypertension** **7**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
4 hours  
8 mo (?)  
?  
7  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **X X X X X X**

(b) Date of occurrence **X X X X X X**

(c) Where did injury occur? **X X X X X X**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**X X X X X X**

While at work? **X X** (Specify type of place) (e) Means of injury **X X X**

23. Signature **Victor P. Koppner** (M. D. or other) **M.D.**

Address **3805 So Broadway** Date signed **10/4/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
-40  
39  
23159

NOV 16 1940

**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.....

Joseph S. Benz

, Registered Apprentice No. 218

working under my personal supervision.

Signed

*Herman A. Gebken*

Licensed Embalmer No. 2120

2842 Merameo St.

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**