

No. 2  
4-13-40  
-17-39  
I 223159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8942  
State File No. 2352  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution City Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0009  
(c) City or town St. Louis  
(d) Street No. 2145a Alice Ave  
(e) If foreign born, how long in U.S.A.?

3. (a) PRINT FULL NAME Florence B. Froescher  
(b) If veteran, name war None  
(c) Social Security No. None

20. DATE OF DEATH: Month March day 11th  
year 1941 hour 12 minute 25 P.M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Froescher  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased February 22, 1864

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 0 Days 17 If less than one day hr. min.

Immediate cause of death  
Cerebral Apoplexy

9. Birthplace St. Louis Missouri

Due to  
Due to

10. Usual occupation At home

Other conditions  
Major findings:  
Of operations  
Of autopsy

11. Industry or business

MOTHER FATHER  
12. Name John Brennan  
13. Birthplace Ireland  
14. Maiden name Sarah Conway  
15. Birthplace Louisiana

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs F.J. Koch  
(b) Address 3444a 82nd St. N.Y.

17. (a) Burial (b) Date thereof 3/15/41  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) MAP 14 1041 (b) Registrar's signature

23. Signature of physician  
Address  
Date signed 3/14/41

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

00  
17  
9

**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

*Raymond J. Thompson*

Licensed Embalmer No.

*2967*

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