

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
1034 Wall St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter K. Froehly

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Helda 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 14, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	6	7	hr. min.

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

10. Usual occupation Engineer Wabash R.R.

11. Industry or business _____

12. Name Emil Froehly

13. Birthplace Venice Ills. /
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Woeckener

15. Birthplace St. Louis Mo. /
(City, town, or county) (State or foreign country)

16. (a) Informant Helda K. Froehly

(b) Address 1034 Wall St.

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Dermann & Son

(b) Address 2161 East Fair Ave

19. (a) Dec (b) J. F. Bredek
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0011

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1034 Wall St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1943 hour 10:35 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 17
43 to Dec 21 43
that I last saw him alive on Dec 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
infarct

Due to Cold w/ bronchitis.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Asst

Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 6201 N. Broadway Date signed 12/27/43

Duration 10 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Francis A Williamson*

Licensed Embalmer No..... *3565*

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.