V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23000

FILED JUL 31 1944

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6439

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: Home for the Aged, 5 3400 So. Grand., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years, (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand. 16 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary L. Froehlich,

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, 2

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 1, (Day) 1855, (Year)

8. AGE: Years 89 Months -0- Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Georgia, 1 (State or foreign country)

10. Usual occupation At. Home,

11. Industry or business

FATHER
12. Name Daniel Horton,
13. Birthplace (City, town, or county) Don't Know, 9 (State or foreign country)

MOTHER
14. Maiden name Mary Gentry,
15. Birthplace (City, town, or county) Don't Know, 9 (State or foreign country)

16. (a) Informant Sister Ludivine,
(b) Address 3400 So. Grand,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) JUL 21 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1944 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from July 5, 1944 to July 20, 1944 that I last saw her alive on July 19, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	6 mo
Due to: Secondary anemia	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address 3318 S Grand Date signed 7-21-44

844

(Licensed Embalmer's Statement on Reverse Side)

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 Albert L. Koppe

Licensed Embalmer No. 2971

P. O. Address.....

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.