

3. No. 2  
A-5-43  
5-17-39  
I X36671

7096

FILED FEB 11 1946  
Registration District No. 377

Primary Registration District No. 6076

State File No. \_\_\_\_\_  
Registrar's No. 279302

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

1. PLACE OF DEATH

(a) County St. Louis  
 (b) City or town St. Louis County, Mo. Lemay  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2717 Telegraph Rd. /  
 (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

3. (a) PRINT FULL NAME Ida Frohse

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugene Frohse

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 18, 1871  
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation None

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

MOTHER FATHER {

12. Name Unknown 5

13. Birthplace Switzerland  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland 5  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene Frohse  
 (b) Address 2717.7 Telegraph Rd.

17. (a) Burial (b) Date thereof 2-5-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
Park Lawn Cemetery

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Southern Funeral Home  
 (b) Address 6322 S. Grand Blvd.

19. (a) 2-6-46 (b) E. M. Garand  
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Lemay, St. Louis Co. 0  
 (If outside city or town limits, write "RURAL")

(d) Street No. 2717 Telegraph Rd 0  
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 2nd  
 year 1946 hour 7 minute 00 p.m.

21. I hereby certify that I attended the deceased from 9/7 1945 to 2/2 1946  
 that I last saw h. alive on 1/27 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombia Duration \_\_\_\_\_

Due to Carcinoma of bladder 2 yrs.

Due to Diabetes 52 yrs.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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

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:

(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)  
 (e) Means of injury \_\_\_\_\_

23. Signature Cal A. Watterberg (M.D. or other) \_\_\_\_\_  
 Address 3720 Washington Date signed 2/4/46

DR. CARL WATTENBERG  
3720 WASHINGTON  
FR 3515

1 to 5

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.....

*J. Wm. Ambler*  
..... - Licensed Embalmer No. *3653*

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.