

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14277**
 Registrar's No. **3421**

FILED APR 25 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5731 Itaska St.		d. STREET ADDRESS (If rural, give location) 14 5731 Itaska St.	
3. NAME OF DECEASED (Type or Print) a. (First) EMILIE b. (Middle) H. c. (Last) FROBBIETER		4. DATE OF DEATH (Month) (Day) (Year) Apr. 10 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 6, 1870
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Frederick Graeper	
13b. MOTHER'S MAIDEN NAME Elizabeth Buck		14. NAME OF HUSBAND OR WIFE Late Gerhard Frobbieter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Louise Frobbieter		ADDRESS 5731 Itaska St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia INTERVAL BETWEEN ONSET AND DEATH 10 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease Cardiac decompensation	
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION Cardiac: multiple	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) X		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 292 lbs			
22. I hereby certify that I attended the deceased from Aug 30 , 1951, to April 10 , 1952, that I last saw the deceased alive on April 9 , 1952, and that death occurred at 3:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph C. Edwards M.D.		23b. ADDRESS 3720 Washington Blvd. S. Louis	
23c. DATE SIGNED 10 April 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE Apr. 11, 1952	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Evansville, Ind.	
DATE REC'D BY LOCAL REG. APR 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin A. M. Bennett

Licensed Embalmer No. 3024

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.