

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14509**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **952**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. CITY St. Louis	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (in this place) 4 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 5536 Holly Hills	

3. NAME OF DECEASED (Type or Print) ANNA FROEHLI			4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Dec. 17, 1874		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR: Months Days IF UNDER 14 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Otto Grassmee		13b. MOTHER'S MAIDEN NAME Othelia Kannengliesser		14. NAME OF HUSBAND OR WIFE Late Alphonse Froehly	
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. None		17. INFORMANT'S SIGNATURE OR NAME Arthur G. Froehly	
				ADDRESS 7518 Cromwell Ave.	

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) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -	

22. I hereby certify that I attended the deceased from **AUG. 10, 1950**, to **APRIL 20, 1954**, that I last saw the deceased alive on **APRIL 20, 1954**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE B.P. Loving, M.D.		(Degree or title)		23b. ADDRESS BALLWIN, Mo.	
23c. DATE SIGNED 4-21-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 4-22-54		REGISTRAR'S SIGNATURE Herbert R. Dophe		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
				ADDRESS 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Richard W. Stevens*

Licensed Embalmer No. *40*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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