No. 300
10.48

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

FILED JAN 3 1955

STANDARD CERTIFICATE OF DEATH

DR. CAMPBELL 40325
State File No.

BIRTH NO. 25919-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau city
d. STREET ADDRESS (If rural, give location): 630 Independence St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Reginald
b. (Middle): Carl
c. (Last): Froemsdorf

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child 0
8. DATE OF BIRTH: Dec 22, 1954
9. AGE (In years last birthday): —; If under 1 year: Months —, Days 1; If under 24 hrs.: Hours 9, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gerald Froemsdorf
13b. MOTHER'S MAIDEN NAME: Jewell Dean Kraust
14. NAME OF HUSBAND OR WIFE: Child
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Child
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Gerald Froemsdorf
ADDRESS: Cape Girardeau Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis congenital — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 22, 1954, *to* Dec 23, 1954, *that I last saw the deceased alive on* Dec 23, 1954, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward D. Campbell
(Degree or title): M.D.
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: Dec 27, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/24/54
24c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetary
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo

DATE REC'D BY LOCAL REG.: 12-28-54
REGISTRAR'S SIGNATURE: T. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Charles E. Mangold
FURU-TOONEY-MANGOLD
CAPE GIRARDEAU, MISSOURI
Cape Girardeau Mo

(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 NOT EMBALM

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles E. Mingle

Licensed Embalmer No. 4877

P. O. Address Cape Girardeau, M

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.