

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22401**

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1458**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>AFFTON Mo</b>		c. LENGTH OF STAY (in this place) <b>28 yrs</b>	c. CITY OR TOWN <b>AFFTON</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9016 PHILLO</b>			e. STREET ADDRESS (If rural, give location) <b>9016 PHILLO</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>FROHMANN</b> c. (Last) <b>FROHMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 13 1956</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 24 1888</b>	9. AGE (In years less birthday) <b>68</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS ZOO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>HUNGARY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN FROHMANN</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA FELDER</b>	14. NAME OF HUSBAND OR WIFE <b>SUSIE FROHMANN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-22-2299</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SUSIE FROHMANN 9016 PHILLO</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Rt. lung.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>X</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>4-16-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Inoperable carcinoma Rt. lung.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>				
22. I hereby certify that I attended the deceased from <b>March 15, 19</b> , to <b>June 13, 1956</b> that I last saw the deceased alive on <b>June 12, 1956</b> and that death occurred at <b>1 p.</b> m., from the causes and on the date stated above.						
23a. SIGNATURE (In blue or black ink) <b>J. H. Meyer MD</b>			23b. ADDRESS <b>53 S. 1st St. St. Louis Mo</b>		23c. DATE SIGNED <b>6-14-56</b>	
24a. DATE <b>JUNE 10 1956</b>	24b. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	24c. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>				
DATE REC'D BY LOCAL REG. <b>6-14-56</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Domey MD</b>	25. FUNERAL DIRECTORY SIGNATURE ADDRESS <b>Thomas Bates 2906 Georgia</b>				

2006  
Ph 2-7380  
1-4 of Embalming

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 *Leo J. Budd* .....  
Licensed Embalmer No. *398* .....  
P. O. Address *St. Louis* .....

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.