N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22735
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois — Registration District No. 773
(b) Township St. Francois — Primary Registration District No. 6018A — Registered No. 120
(c) City ~~Noer~~ Farmington (d) Street No. State Hospital No. 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Froemsdorf
(a) Residence, No. Jackson, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mollie McGee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	Un.	Un.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Missouri

FATHER
13. NAME August Froemsdorf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Mills Missouri

MOTHER
15. MAIDEN NAME Caroline Steinhoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Records of State Hospt. #4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson, Mo. DATE 6-16 1940

19. FUNERAL DIRECTOR (NAME) McCombs-Fee Co (ADDRESS) Jackson Mo.

20. FILED June 14 1940 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1940, to 6-14 1940
I last saw him alive on 6-13 1940. Death is said to have occurred on the date stated above, at 7:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane (paresis)	2 yrs?

Other contributory causes of importance: Chronic nephritis - Hypertension heart disease - Generalized and marked arteriosclerosis

Name of operation Un Date of Un
What test confirmed diagnosis? Clinical Was there an autopsy? Un

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? Un
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Un
If so, specify

(Signed) T. Tivis Graves, Jr., M. D.
(Address) Farmington, 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 .....

Registered Apprentice No....., working under my personal supervision.

Signed B. L. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.