CERTIFICATE OF DEATH

|).1 | 1. PLACE OF DEATH: County of St. Clair Blinois City Towashin | Division of Vital Statistics and Records |
|--|--|---|
| of | Village Road Dist. No. | 3646 Registered No.: 47. |
| .1-47) | Number. 613 N. Illinois LENGTH OF STAY: In Hospital or Institution Yrs. Mos. | Days.; In Community where death occurre O Yrs. Mos. Days. St. Clair Road Dist. |
| | 2 PLACE OF State Illinois , Count RESIDENCE City or Village Belleville | Street and No. 613 N. I linois |
| | 3.(a) FULL NAME F THEODORE FROUSE 3.(b) If Veteran 3.(c) Social Security | No. MEDICAL CERTIFICATE OF DEATH |
| | 3.(b) If Veteran name war None Sex Color or race 8.(a) 8.(a) NARF | 20. Date of death: Month February day 2 |
| | male white was well with the was well as well | 21. I hereby certify that I attended the deceased from July 27 1018, to Feb. 2, 1944 |
| | 6.(b) Name of husband or wife 11 OSINA Froese 8.(c) Age of husband or wife (if alive) 67 | years that I last saw h 1m alive on Jan. 31 , 1941 years and that death occurred on the date and hour stated above. Duratic |
| | 7. BIRTHDATE September 24 1 | Year 872 Immediate cause of death. Cerebral hemorrhage 7da |
| szamples: orer, me- lriver. ples: coal zy store, ant, road | 8. AGE OF DECEASED 76 4 8 If less than of (Hrs.) City or County State or foreign c | (Min.) Associated diseases — Pterial hypertension Sanility |
| | a. BIRTHPLACE German 10. USUAL OCCUPATION (Kind of Job) Retired | Other conditions |
| | 11. INDUSTRY OR BUSINESS: F'dry Employee | (Include pregnancy within 3 months of death) |
| | 13. Birthplace Germany 14. Maiden Name Henrietta Moritz 15. Birthplace Germany The state of t | 22. Was an operation performed? Date of For what disease or injury? |
| | 18. INFORMANT Arthur Froese (Pen and ink signature) | Was there an autopsy? |
| | P. O. Address Belleville, Ill. | 23. If a communicable disease; where contracted? |
| | 17. PLACE OF BURIAL, Cremation or Removal (a) Cemetery Valhalla | Was disease in any way related to occupation of deceased? NO If so, specify how: 24. (Signed) Irwin Davis |
| | county St. Clair state Illiho: (b) DATE: February 5 | |
| | 18. FUNERAL DIRECTOR'S Signature Albert B. Baldus | *N. B.—State the disease causing death. All cases of death from "violence, casual any undue means" must be referred to the coroner. See Section 10 Coroner's Act. |
| | Address Belleville, Ill. License Number 1537 Firm Name Gundlach & Company | 25. FILED (Signed) Carl Siegel Reg |

STATE OF ILLINOIS SS. COUNTY OF ST. CLAIR

> JANICE D. DELANEY, COUNTY CLERK, IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THE FOREGOING TO BE A TRUE AND CORRECT COPY OF THE RECORD OF AS THE SAME APPEARS FROM THE AS THE SAME APPEARS FROM THE FILES AND RECORD IN MY OFFICE.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND AFFIX THE SEAL OF MY 15 DAY OF Margartes A.D., OFFICE AT BELLEVILLE, ILLINOIS, THIS 1095