

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

35391
 Do not use this space.

OCT 26 1937

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
 (b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 200
 (c) City Richmond Heights, Mo. (d) Street No. St. Marys hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary C. Freihoff,
 (a) Residence, No. 6326 Maple Ave., St. University City, Mo.
 (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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Freihoff. | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1865. | | |
| 7. AGE 72 | YEARS 4 | MONTHS 16 |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife | | 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) Missouri | | |
| 13. NAME Don't Know | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri | | |
| 15. MAIDEN NAME Don't Know | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri | | |
| 17. INFORMANT (ADDRESS) John Freihoff 6326 Maple Ave., | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem., DATE Sept. 15/37. | | |
| 19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave., | | |
| 20. FILED Sept. 14, 1937 Sam A. Bassett, M.D. Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 12/37.** 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. **ER** alive on _____, 19____. Death is said to have occurred on the date stated above, at **12.30A.M.**

The principal cause of death and related causes of importance were as follows:
Struck by Automobile while a pedestrian on a public highway Date of onset **9/18/37**

Other contributory causes of importance:
Compound fracture of R. & L. legs & pelvis, + R. Arm Osteomyelitis. Hypertensive pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? **Physic. exp.** Was there an autopsy? **NO.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Accident** Date of injury **9/18/37**, 19**37**
 Where did injury occur? **University City, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury **Struck by Auto**
 Nature of injury **Multiple fractures**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____ (Signed) **John J. Farrell**, M. D.
 _____ (Address) **Samuel Louis Gray**

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.

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STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark
Licensed Embalmer No. I66I.

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.)