

REC'D APR 11 1938

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

8996

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis**..... (d) Street No. **5036 S. Grand Blvd.**..... St. **2585**
(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. ds.

2. PRINT FULL NAME

Anna F. Freund. 653
(a) Residence, No. **5036 S. Grand Blvd.**..... St. **15**..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Nicholas M. Freund**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 9, 1864.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
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) **St. Louis, Mo.,**
13. NAME **Christian A. Stratmeyer.**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
15. MAIDEN NAME **Anna Mennemeyer**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Nicholas M. Freund**
(ADDRESS) **5036 S. Grand Blvd.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **March 21, 1938**
19. FUNERAL DIRECTOR **W. H. Hubert & Co.**
(ADDRESS) **2842 Laramie Street.**
20. FILED **J. F. Brudeck**
MAR 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 17, 1938**
22. I HEREBY CERTIFY That I attended deceased from **January 20, 1936** to **March 17, 1938**
I last saw her alive on **March 16, 1938** Death is said to have occurred on the date stated above, at **8.55 A.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset **1936**

Other contributory causes of importance: **1/31**

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

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?..... (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? **no**
If so, specify **Industrial/Allegedly**
(Signed) **J. F. Brudeck**, M. D.
(Address) **1501 A Boston**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gabken Licensed Embalmer No. 2120

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gabken

Licensed Embalmer No. 2120

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.)