

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

4901
 Do not use this space.

791
 1003

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **1594**

(c) City St. Louis, (d) Street No. 3418 Nebraska Av. 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. ds.

2. PRINT FULL NAME Martin Freiner,

(a) Residence, No. 3418 Nebraska Av. St. 24 (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 Male, 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Freiner,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16th 1870.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	0	28	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Harness Maker.

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.

FATHER

13. NAME Jacob Freiner,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT Estella Carron,
 (ADDRESS) 3418 Nebraska Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem. DATE Feb. 18, 1939.

19. FUNERAL DIRECTOR (NAME) Ziegenfuss Bros.
 (ADDRESS) 2621-23 Cherokee St.

20. FILED FEB 18 1939 19..... J. P. Bruders Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14th 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939, to Feb 14, 1939

I last saw him alive on Feb. 14th 1939, 19..... Death is said to have occurred on the date stated above, at 11.30 m. A.M.

The principal cause of death and related causes of importance were as follows:
Sen. ch. Pneumonia
Ch. Myocarditis

Date of onset 2/11/39

Other contributory causes of importance:

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? no Date of injury....., 19.....
 Where did injury occur? no
 (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.....
 (Signed) J. P. Bruders, M. D.
 (Address) 3115 S. Grand

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 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.....

V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee St

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