

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 x 11

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38362
10201

Registration District No. 121

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5749 Riverview Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7
(d) Street No. 5749 Riverview Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WALTER F. FREIMUTH 653

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Freimuth nee Tschee 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 9, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 19 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Collector

11. Industry or business Internal Revenue

12. Name Louis H. Freimuth

18. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Bitter
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Freimuth

(b) Address 5749 Riverview Blvd.

17. (a) Burial (b) Date thereof 12-1-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 29 1939 (b) J. J. Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 28th
year 1939 hour 1:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 15, 1935, to Nov 28, 1939;
that I last saw him alive on Nov. 26, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with
Profound Insufficiency of
Coronary Arteries
and that death occurred on the date and hour stated above.
Concomitant Heart Failure
Cardiac Fibrillation
Due to _____

Duration

Long

High

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Louis J. Anthony (M. D. or other) _____
Address 2726 Washington St. St. Louis, Mo. Date signed 11-29-39

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo.

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.