

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24385**
Registrar's No. **2995**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **TRIC 2629 Charlotte, FITZD. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 1/2 wks. 8 mos**
(Specify whether) **2**
In this community **1900**
years, months or days

3. (a) PRINT FULL NAME **Rosalia Frey FREY 600**
3. (b) If veteran, **NO** name war **NO**
3. (c) Social Security No. **NO**

4. Sex **FF** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **STEPHEN FREY**
6. (c) Age of husband or wife if alive **81** years
7. Birth date of deceased **9/9** (Month) **6** (Day) **1861** (Year)

8. AGE: Years **78** Months **11** Days **22** If less than one day hr. min.

9. Birthplace **Austria** (City, town, or county) **Austria** (State or foreign country)
10. Usual occupation **House wife**

11. Industry or business **9**
12. Name **Frank Schabel**
13. Birthplace **Austria**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **Joe W. Steinbacher 7069**
(b) Address **5221 Brookwood Rd. Kansas City, Mo.**
17. (a) **Burial** (b) Date thereof **July 29, 1940**
(c) Place: burial or cremation **St Marys cemetery**

18. (a) Signature of funeral director **Thomas Steinbacher**
(b) Address **4306 Mellor St**
19. (a) **July 28, 1940** (b) **M.M. Croove**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2629 Charlotte**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **25**
year **1940** hour minute M.
21. I hereby certify that I attended the deceased from **Sept 21**, 1937, to **July 25**, 1940,
that I last saw her alive on **July 20**, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death **Exhaustion** Duration
Due to **Senility**
Due to **n.n.d.**
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 **no**
23. Signature **L.H. ...** (M. D. or other)
Address **3137 Main St. Kansas City, Mo.** Date signed **7/26/40**

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

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 _____

Harry Bergman

Licensed Embalmer No. *2041*

P. O. Address *Kan City, 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.