S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40743

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10514

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town Missouri St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4022 Russell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hathline Mossler Frey

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Jacob Frey

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 20 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	5	1	hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name Christian Mossler
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Delia Egan Mossler
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John J Frey
(b) Address 4022 Russell Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J Finan
(b) Address 1519 South Grand Blvd.

19. (a) DEC 22 1940 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 40 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan. 1939, to Dec 20 1940; that I last saw her alive on Dec 20 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	5 days
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thos. McDavie (M. D. or other)
Address 2424 N. Grand Date signed 12/21/40

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1950

JUN 1 1948

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.....

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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