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FEB 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4386**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **124**

1. PLACE OF DEATH:  
 (a) County **St. Louis County**  
 (b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Veterans Administration Facility**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **less than 1 day**  
(Specify whether years, months or days)  
 In this community **Less than 1 day**

3. (a) PRINT FULL NAME **FREYANITZ, Frank Chas.**

3. (b) If veteran, name war **W. war**

3. (c) Social Security No. **702-09-2496**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Vera Louise**

(c) Age of husband or wife if alive **41** years

7. Birth date of deceased **Aug. 1 1895**  
(Month) (Day) (Year)

8. AGE: Years **45** Months **5** Days **18**  
If less than one day hr. min.

9. Birthplace **Hungary Glen Carbon Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Section laborer Ill Terminal r.**

11. Industry or business **P.K. Work**

12. Name **Frank Freyanitz**

13. Birthplace **Hungary**  
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Spurni**

15. Birthplace **Hungary**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wife**  
 (b) Address **Government Records.**

17. (a) **Removal**  
(Date, occasion, or removal) (b) Date thereof **1-19-41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Edwardsville Ill**

18. (a) Signature of funeral director **Edwardsville Ill**

(b) Address **Edwardsville Ill**

19. (a) **JAN 19 1941**  
(Date received local registrar) (b) **[Signature]**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Illinois** (b) County **Madison**  
 (c) City or town **Edwardsville**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **422 Springer ave**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18** 19  
 year **1941** hour **1:10** minute **a.m.** M.

21. I hereby certify that I attended the deceased from **Jan 18 1941**  
 \_\_\_\_\_, 19\_\_\_\_, to **Jan 19 1941**, 19\_\_\_\_;  
 that I last saw him alive on **Jan 18 1941**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic heart disease combined valvular damage with congestive failure**

Due to **No definite history of rheumatism; too sick to get full history.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration **1 yr.**  
 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)

23. Signature **C. W. HUGHES, M.D.**  
(M.D., other)

Address **Chief Medical Officer** Date signed \_\_\_\_\_

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

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**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.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**