

FILED MAY 13 1941  
Registration District No. **791** Primary Registration District No. **1003**

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

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:  
5315 Pershing Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 64 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Bernard Freund  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower  
6. (b) Name of husband or wife Julie Freund 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 15 1848  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 6 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bohemia X  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Dry Goods

12. Name Unknown

13. Birthplace Bohemia X  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Bohemia X  
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Freund

(b) Address 5315 Pershing Ave.

17. (a) Burial (b) Date thereof 4-13-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindhoff

(b) Address 5216 Delmar Blyd.

19. (a) APR 13 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. 5315 Pershing  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 71 yrs. **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 11  
year 1941 hour 8 minute 12 M.

21. I hereby certify that I attended the deceased from June, 1929, to April 11, 1941;  
that I last saw h. alive on April 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

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

Other conditions Chr. Myocarditis, chr. nephritis, arteriosclerosis, glaucoma  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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 B. Freund (M. D. or other) M.D.  
Address 462 Oak Taylor Date signed 4/11/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delman*

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, fact should be so stated above.