

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12800

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3230

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. St. Louis  
(c) Name of hospital or institution:  
7139 Lindenwood Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 6 months  
In this community. 6 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Freber, Sr.  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Freber 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased. October 4, 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Lembach Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Freber  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Freber, Jr.  
(b) Address 7139 Lindenwood, St. Louis, Mo.

17. (a) Burial (b) Date thereof. 4-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director [Signature]  
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) APP 14 1941 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 173  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7139 Lindenwood Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1941 hour 7:25 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Dec 31  
1936, to April 13, 1941;  
that I last saw him alive on April 13, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder - urinary  
Duration 5 yrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions semipathy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinoma bladder & prostate 1-1-1937  
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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 3239 Lindenwood Date signed 4-14

Dr. Cappel  
3139 Cranbrook  
10-12 am  
6:30-7:30 pm

**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

*Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.

*per C-7108*