No. 2
-13-40
-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26725

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6517

FILED SEP 17 1941

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4027 Shaw Boulevard
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 179
(If outside city or town limits, write "RURAL")

(d) Street No. 4027 Shaw Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louise Freywald

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife H. Robert Freywald

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

7. Birth date of deceased July (Month) 12th (Day) 1857 (Year)

8. AGE: Years 84 Months 0 Days 26 If less than one day hr. min.

9. Birthplace New York City (City, town, or county) New York (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Alexander Gabler

13. Birthplace Vienna (City, town, or county) 4 Austria (State or foreign country)

MOTHER 14. Maiden name Caroline Boegle

15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Caroline Moehle

(b) Address 4923 Walsh, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Witt Bros. L & U. Co.

(b) Address 2929 So. Jefferson, St. Louis, Mo.

19. (a) AUG 9 1941 (Date received local registrar) (b) J. F. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1941 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from Feb, 1941, to August 8, 1941; that I last saw h alive on Aug 8, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cor Myocartis	
Due to: arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operations: none	
Of autopsy: None	

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) No

(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 Joseph E. Carney (M. D. or other) MD

Address 525 Miss Bldg Date signed 8-9-41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9999 S. Jefferso

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

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