

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH FILED SEP 17 1941

(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:
3167 Leola Avenue /
(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

3. (a) PRINT FULL NAME Augusta Freimuth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowe

6. (b) Name of husband or wife Frederick G. Freimuth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name (Unknown) Nagel

13. Birthplace Unknown
(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 Miss Frieda Maune

(b) Address 4165a Farlin Avenue

17. (a) Cremation (b) Date thereof 8/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kraeger - Van - F...

(b) Address 3402 No. Kingshighway

19. (a) AUG 23 1941 (b) J. H. Sudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 38

(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 5-23
1941 to Aug 22, 1941
that I last saw her alive on Aug 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion
Due to Ischemic heart disease

Due to MI

Other conditions Deverticulitis, Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy ALL

Duration

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 J. H. Sudek (M. D. or other) MD

Address 4165a Farlin Avenue Date signed 8-23-41

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

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17
9

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 Ray W. Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

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, above space should be left blank.