

Registration District No. **791**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Paris Lane Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 10 days

3. (a) PRINT FULL NAME Louis Peter Freiberg

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Kate</u>	6. (c) Age of husband or wife if alive <u>4</u> years	
7. Birth date of deceased <u>Nov. 4 1871</u>	<small>(Month) (Day) (Year)</small>	

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Foreman Swift & Co.

11. Industry or business Retired

MOTHER FATHER

12. Name Wolfgang Freiberg

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

14. Maiden name Marie Weber

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

16. (a) Informant Miss Constance Freiberg Stasling

(b) Address 1188 Macmillan Dr. Richmond Heights

17. (a) removal (b) Date thereof Oct 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem. E. St. Louis

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis Ill

19. (a) Oct 6 1941 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 4017 Lincoln
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8 year 1941 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from 9/26/41 to 10/3/41

that I last saw him alive on 10/3/41 and that death occurred on the date and hour stated above.

Immediate cause of death Thromb

Due to MI

Due to MI

Other conditions (Include pregnancy within 3 months of death)

Major findings: Prosthetic hyper-trophy w. coronary L. Abstriction

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 4950 Ludlow Date signed 10/3

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. 3162

P. O. Address East St. Louis, Ill

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.