

13380  
V. S. No. 2  
50M-9-4-41  
Rev. 5-17-39  
X29484  
009

FILED FEB 24 1942 91  
Registration District No. 1003

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **5 Days**  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4234 California Ave. D**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Daniel A. Freund Jr.**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. **488-10-3528**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17,**  
 year **1942** hour **2:30** minute **A.** M.  
 21. I hereby certify that I attended the deceased from **January 13,** 19 **42** to **January 17,** 19 **42.**  
 that I last saw him alive on **January 17,** 19 **42,**  
 and that death occurred on the date and hour stated above.

4. Sex **Male D** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**  
 6. (b) Name of husband or wife. **Mate E.** 6. (c) Age of husband or wife if alive. **56** years  
 7. Birth date of deceased. **December 20,** 1894  
(Month) (Day) (Year)

Immediate cause of death.....  
**Rheumatic Heart Disease**  
**arteriosclerosis**  
**myocardial "**  
 Due to.....  
 Due to.....

8. AGE: Years Months Days If less than one day  
**47** -- **27** hr. min.

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy **above**

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**  
 11. Industry or business **Copper Clad Malleable Co.**

MOTHER FATHER { 12. Name **Daniel Freund**  
 { 13. Birthplace **St. Louis, Missouri**  
 { 14. Maiden name **Ida Keeshamer** (State or foreign country)  
 { 15. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mate E. Freund**  
 (b) Address **4234 California Ave.**

17. (a) **Cremation** (b) Date thereof **Jan. 20, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **J. H. Heikens & Co.**  
 (b) Address **2842 Meramec St.**

19. (a) **JAN 12 1942** (b) **J. F. Predeck**  
(Date received in local registry) (Registrar's signature)

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. F. Predeck** (M. D. or other).....  
 Address **1515 Lafayette Ave. S.** Date signed **1/17/42**

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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**