

S. No. 2
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5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22759

State File No.

FILED AUG 6 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6085

1. PLACE OF DEATH:

(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:
Small Arms Plant, B. B. B. & Goodfellow
(If not in hospital or institution, write street number or location)

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

In this community **30 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**

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

(d) Street No. **1924 Forest Ave.**
(If rural, give location)

(e) ~~Was~~ **Physician** of foreign country?..... **Yes** (Yes or No)

3. (a) PRINT FULL NAME **George E. Frey.**

3. (b) If veteran, name war.....

3. (c) Social Security No. **496-18-9822**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th.**
year **1942** hour **12** minute **30 P.M.**

4. Sex **M.** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Florence Casey Frey.**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **February 15, 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	53	5	2hr.min.

Due to **Coronary Sclerosis**

Due to **Chronic Nephritis**

Due to **Arteriosclerosis**

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Kansas.** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Master Plumber.**

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name **George Frey.**

13. Birthplace **Kansas.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know.**

15. Birthplace **Dont Know.** **?**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Bradburn.**

(b) Address **1924 Forest Ave.**

17. (a) **Burial** (b) Date thereof **7-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

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?.....

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **J. F. Brudeck** (b) **J. F. Brudeck**
(Date read by local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

23. Signature **Thomas F. Callahan** M.D. or other) **3**

Address **Deputy Coroner** Date signed **7/18/42**

(Licensed Embalmer's Statement on Reverse Side)

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

69

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MAR 29 1943

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.....

W H Van Matre

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.