

FILED OCT 1 1942

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STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28726

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7884

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:  
3934 So. Grand Blvd./  
(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 Emil Frei,

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

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,  
6. (b) Name of husband or wife..... Emma Frei, 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased July 17 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 2 4 hr. min.

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

10. Usual occupation Artist,

11. Industry or business Emil Frei Art Glass Co.,

12. Name Michael Frei,

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

14. Maiden name Anna Spiegel,  
15. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Frei,

(b) Address 3934 So. Grand Blvd.,

17. (a) Burial, (b) Date thereof 9/24/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Heben Ben Mortuary

(b) Address 2842 Meramec St.,

19. (a) SFD 29 24 (b) J. F. Friedrich  
(Date received local registrar) (Registrar's signature)

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. 3934 So. Grand Blvd.,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 21  
year 1942 hour 1: minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 24  
1942 to Sept 21, 1942  
that I last saw him alive on Sept 21  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Chronic Ischaemic nephritis  
Other conditions Diabetes Mellitus  
(Includes pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations 61  
Of autopsy 11

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?

23. Signature A. J. Kinner (M. D. or other)  
Address 3014 S. Jefferson Date signed Sept 22 42

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

MOTHER FATHER

MAR 31 1958

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**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.....

*Joe. S. Benz*

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
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.**