

FILED OCT 6 1942
Registration District No. 704

Primary Registration District No. 200

Registrar's No. 1847

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Clayton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County W

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

(d) Street No. 518 W. Mineral Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Walter Freisleben

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation His cousin

11. Industry or business Watchman & driver

12. Name Walter Freisleben

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

14. Maiden name May Foster

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

16. (a) Informant Carl Freisleben

(b) Address 518 West Mineral St. Mineral, Mo.

17. (a) None (b) Date filed Nov 1942
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Valle de la Cruz

18. (a) Signature of funeral director Will Walker

(b) Address Louis H. Hoff

19. (a) SEP 1942 (b) M. O. Borey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1942 hour 4 minute A M.

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 Shot by State Troopers when he refused to stop for questioning by the
Due to Troopers.

Due to Internal hemorrhage from puncture of heart caused by
Other conditions bullet wounds.
(Include pregnancy within 3 months of death)

Major findings: 166
Of operations _____
Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide (justifiable)

(b) Date of occurrence Sept. 1, 1942

(c) Where did injury occur? #66, 1/2 m. no. Olive St.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Louis H. Hoff (City or other) _____
Address Kirkwood, Mo. Date signed 9/1/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

96

me

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..... *Louis H Bopp*

Licensed Embalmer No..... *921*

P. O. Address..... *Kirkwood 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.