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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1797

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Jan. 7, 1942 (Specify whether
In this community Since Jan. 7, 1942. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Springfield 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1228 West Governor Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Charles W. Fremgen

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 348-09-5427

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widower

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

7. Birth date of deceased May (Month) 28, (Day) 1873 (Year)

8. AGE: Years 69 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Zora (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Mine Trapper

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) AUG 27 1942 (Date received local registrar) (b) C. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th, year 1942 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from January 7, 1942 to August 26, 1942; that I last saw him alive on August 26, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.	Unknown
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 8/26/42

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1942

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7322 Lemay ferry Rd

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.