

APR 15 1943

Registration District No. **284**

Primary Registration District No. **280**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days) **2 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9**
(d) Street No. **612 Barry** (If rural, give location)
(e) Citizen of foreign country? **Unknown** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Frei**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Unknown**

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

7. Birth date of deceased **March 5 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **Unknown** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Unknown**
11. Industry or business **Unknown**

12. Name **Unknown**
13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Unknown**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Fred Frei**
(b) Address **1722 East 93 St. Brooklyn**

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof **3-23-43**
(Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address **3800 City Center**

19. (a) **3-30-43** (Date received local registrar) (b) **W. J. Jansen** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**
year **1943** hour **10** minute **20** AM

21. I hereby certify that I attended the deceased from **January 20 1943** to **March 21 1943**
that I last saw him alive on **March 20 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____
Due to _____

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **See**

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 **R. Dr. Jansen** (M. D. or other) _____
Address **Manchester Mo** Date signed **3/2/43**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.