

FILED JUN 9 1943 318

Registration District No. _____

Primary Registration District No. 1009

Registrar's No. 5041

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:
Alexian Bors. Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community about 55 years
years, months or days)

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. 2512 W. Sullivan Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Frese

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

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

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

7. Birth date of deceased Aug. 2, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 28 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER

12. Name Fred Frese

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

14. Maiden name unknown Germany

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

16. (a) Informant Wm. J. Frese

(b) Address 4229 Eichelberger Ave

17. (a) burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____
(b) Address 2228 St. Louis Ave

19. (a) JUN 1 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased May 16 to May 27 1943 that I last saw him alive on May 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Dissection of Bladder
Urinary Bladder
Due to _____

Other conditions Dissection of Bladder
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

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?

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

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

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 *Marie B. Cashion*

Licensed Embalmer No. *3949*

P. O. Address *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.