

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18372

State File No.

Registrar's No. 857

LED MAY 20 1943
Registration District No. 3043

Primary Registration District No. 3043

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

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4

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 519 Pine
(If rural, give location)

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

3. (a) PRINT FULL NAME David Mitchell Freiling

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1943 hour 12 minute 20 P.M.

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 May 29, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-10-43, 1943, to 3-25-43, 1943;
that I last saw him alive on 3-25-43, 1943;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>9</u>	<u>26</u> hr. min.

Immediate cause of death Pneumococcus Meningitis

Due to

Due to

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

Other conditions see JIA
(Include pregnancy within 3 months of death)

10. Usual occupation.....

11. Industry or business.....

12. Name Henry Freiling Jr.

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

14. Maiden name Jean Griswold

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

Major findings:
Of operations see

Of autopsy.....

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

16. (a) Informant Henry Freiling Jr.

(b) Address 519 Pine Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-30-43 (Date received local registrar) (b) Rth Connor (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) see

(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 Car

23. Signature J. H. A. D. S. T. J. (M. D. or other)
Address Hannibal Mo Date signed 3-27-43

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



.....
Licensed Embalmer No..... 1204.....

P. O. Address..... Hannibal Missouri.....

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.