

26034

No. 2
1-2-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 31 1943 317

Registration District No. _____

Primary Registration District No. 3069

Registrar's No. 1707

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary's 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis ¹⁹⁶

(c) City or town Webster Groves ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 224 Papin St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary A. Frey

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

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

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

7. Birth date of deceased June 16th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	1	8	hr. _____ min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Dryer

13. Birthplace Ireland ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Frey

(b) Address 224 Papin St.

17. (a) Burial (b) Date thereof 7-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 27 1943 (b) C. G. McKelvey, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1943 hour 5:16 minute A.M. M.

21. I hereby certify that I attended the deceased from July 4, 1943 to July 27, 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Generalized arteriosclerosis
Due to Passive congestion, both
lungs

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____ 93d

Of autopsy as above

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? _____

23. Signature C. J. Vollmer, M.D. (M. D. or other) MD
Address 55 W. Big Bend, Webster Date signed 7/27/43
Granny, Mo.

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

3886

707

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Storrsand*

Licensed Embalmer No. *4007*

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.