

FILED NOV 29 1943

State File No.

10106

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis Missouri

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 3604 S. Broadway (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3604 So. Broadway (If rural, give location) 249

(e) Citizen of foreign country? _____ or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Frieda Burns

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-22-2215

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 56 Feb. 9 12 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>4</u>	<u>5</u> hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Punch Press

11. Industry or business Knappe Monarch Elec. Co

12. Name Antone Reist

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

14. Maiden name Louisa Schwiss

15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Louis Thellmann

(b) Address 4364 Bingham

17. (a) St Burials (Burial, cremation, or removal)

(b) Date thereof Nov. 20 43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus

18. (a) Signature of funeral director M. J. Schultz

(b) Address 1819 Sidney St

19. (a) NOV 18 1943 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 12 1943 to Nov 16 1943
that I last saw her alive on Nov 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Robt. O. Urban (M. D. or other) 0

Address 3665 So. Broadway Date signed 11-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Albert G. Kasper

Licensed Embalmer No. 2971

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.