

FILED DEC 29 1943
Registration District No. 29

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11051

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-Yrs. 7-M.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3225 N. Florissant Ave. (If rural, give location) 920
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Freesmeier
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 12th., year 1943 hour 4 minute A M.

4. Sex M. 5. Color or Race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Mary Freesmeler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 29th., 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 12, 1943 to December 12, 1943
that I last saw him alive on December 11, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 6 13 _____ hr. _____ min.

Immediate cause of death Cardio-vascular renal disease
Duration ??

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Mechanic

Due to _____
Due to _____
Other conditions Acute upper respiratory infection 1 day
(Include pregnancy within 3 months of death) LD Grippe

11. Industry or business _____
12. Name Steven Freesmeier
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Norman
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings: None
Of operations None
Of autopsy None

16. (a) Informant Mrs. Charles Freesmeler
(b) Address 4550 Durant Ave.
17. (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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

18. (a) Signature of funeral director Arthur J. Nonnelly
(b) Address 3840 Lindell Blvd.
19. (a) DEC 13 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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 Bernard J. Stott (M-D. or other) _____
Address 2302 Salsburg St Date signed 12-13-43

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 William Matr

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.