. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39824

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11139

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2209 Menard St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years In St Louis Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2209 Menard St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MICHAEL FREIHAUT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Barbara Freihaut

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 31 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
~~72~~ 71	11	13	hr. min.

9. Birthplace HUNGARY 4
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Nicholas Freihaut
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Freihaut
(b) Address 2209 Menard St.

17. (a) Burial (b) Date thereof 16/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos. Lutes & Son
(b) Address 2906 Gravois Ave.

19. (a) DEC 15 1943 (b) J. F. Bubeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1943 hour 3 05 P.M. minute M.

21. I hereby certify that I attended the deceased from June 16, 1943, to Dec 13, 1943;
that I last saw him alive on Dec 12, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cler endocarditis	3 yrs
Hypertension	3 yrs.
Due to	
Due to	
Other conditions Bronchial asthma (Include pregnancy within 3 months of death)	2 yrs.

92

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address 2000 S 9th Date signed 12/14/43

(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 David Van Fassen

Licensed Embalmer No. F242.

P. O. Address 2906 Harris ave

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.