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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8248

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 418

1. PLACE OF DEATH:

(a) County St Louis County
(b) City or town Florissant Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Ferdinand Twp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community R.R. #1 Box 256 Florissant Mo
years, months or days) 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Florissant 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Box 256
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Chas HENRY FREDENSBURG

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 WIDOWED

6. (b) Name of husband or wife ~~Chas Henry~~ Fredensburg METH

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

7. Birth date of deceased Sept-7-1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 7 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Christian Fredensburg
13. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna B Mueller
15. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ida A. Banholzer
(b) Address R.R. #1 Box 256

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 18. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 NATURAL BRIDGE BLVD.

19. (a) FEB 18 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1944 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Coronary occlusion due to arteriosclerosis.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes. 94a

Duration

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 3

23. Signature H. S. Neyfogle Dep. Coroner (M. D. or other)
Address Kirkwood, Mo. 2-15-44 Date signed

(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 John A. Mehan

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.