. S. No. 2
0M—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25649

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7616

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4½ Mos. (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4206 Red Bud Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna S. Freise

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Philip O. C. Freise

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

7. Birth date of deceased March 1, 1862. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	5	29	hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name William Uckaley
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Henrietta (Unknown)
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Philip H. W. Freise
(b) Address 2940 Moniteau Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 31 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30, year 1945 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1945, to Aug 30, 1945, that I last saw him alive on Aug 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	X/A
Due to Arterio Sclerosis.	XX
Due to Chronic Interstitial Nephritis	XX
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131 a

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 Guy Simpson (M. D. or other) M. D.
Address 3733 Washington Date signed 8/31/45

(Licensed Embalmer's Statement on Reverse Side)

3833 Franklin Ave Cold.

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. Mlinar

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.