

FILED DEC 7 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10211

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3409a Chippewa /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 3409a Chippewa (If rural, give location) 714

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Christine A. Freiheit.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color of race White

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

6. (b) Name of husband or wife Leopold Freiheit

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

7. Birth date of deceased September 9, 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 25th, year 1945, hour 11 minute AM, M.

21. I hereby certify that I attended the deceased from March 1, 1941, to Nov 25, 1945 that I last saw her alive on Nov. 24, 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Coronary Embolism Duration 14da

Due to Arterial Sclerosis 4 yrs

Due to _____

Other conditions: (Include pregnancy within 3 months of death) 94

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

10. Usual occupation None

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Peter Lohrum

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

14. Maiden name Calistine Fernk

15. Birthplace Alsace Loraine 8
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zimmermann

(b) Address 3409a Chippewa

17. (a) Removal (BY RAIL) (b) Date thereof 11/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) NOV 26 1945 (b) J. J. Bredeek
(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? _____

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

23. Signature A. L. Beutel (M. D. or other) 0

Address 3606 Travis Date signed 11/26/45

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

10 10 1911
P. 24 1000

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 J Wm Binkley
Licensed Embalmer No. 3653
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.