S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 38391

Registration District No. 576 Primary Registration District No. 3054 Registrar's No. 221

1. PLACE OF DEATH:
(a) County St Francis
(b) City or town Bonne Terre, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (specify whether years, months or days)
In this community one day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Cadet RR
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Raymond P Frey
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Mal
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 22 (Day) 1886 (Year)
8. AGE: Years 58 Months 11 Days 23 If less than one day hr. min.
9. Birthplace Cadet (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Henry Frey
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Green
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant Hester Frey
(b) Address Cadet Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem. Baden
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo
19. (a) 11-16-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1945 hour 8 AM minute A.M.
21. I hereby certify that I attended the deceased from Nov. 14-45 to Nov. 15, 1945 to ~~19~~; that I last saw him alive on Nov. 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmhage	24 hrs
Due to Hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 830

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 J P Boston (M. D. ~~or other~~)
Address Nov-16-45 Date signed

1397 (Licensed Embalmer's Statement on Reverse Side) Bonne Terre Mo.

District Health Officer No. 4

District File Number 1245-1427

Date Filed 12-10-45

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.