

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38616**  
Registrar's No. **9666**

FILED NOV 25 1946

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
**4377a Chouteau Ave.**  
(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 **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4377a Chouteau Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Michael Frey**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Dona** 6. (c) Age of husband or wife if  
alive **56** years  
7. Birth date of deceased **July 18 1887**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59 3 22** hr. min.

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

10. Usual occupation **Parkkeeper**  
**City of St. Louis**

11. Industry or business \_\_\_\_\_

12. Name **Louis P. Frey**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Fosterling**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Molden**  
(b) Address **4405a Gibson Ave.**

17. (a) **Burial** (b) Date thereof **11 13 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**  
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **NOV 12 1946** (b) **J. F. [Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10th**  
year **1946** hour **12:00** minute **Noon** M.  
21. I hereby certify that I attended the deceased from **26**  
**December, 1945** to **10 November, 1946**  
that I last saw him alive on **10 November, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure with pulmonary edema.** Duration **12 hrs.**  
Due to **Coronary Heart Disease 34 yrs.**

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature **R. W. Kelley** (M. D. or other) **M.D.**  
Address **3720 Washington** Date signed **12/16/46**

1613 West...  
Baltimore Md 212  
2-4

---

**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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**