

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 6623 Lillian Ave
(If outside city or town limits, write "RURAL" and name of town or village)

(c) Name of hospital or institution: 6623 Lillian Ave Jennings
(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 St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 7030 Beulah Place
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ROY FREESE

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-07-8849

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Nancy Freese

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August 30 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>3</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Graham Paper Co.

12. Name Edward Freese

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

14. Maiden name Helena Merx

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

16. (a) Informant Mrs. Nancy Freese

(b) Address 7030 Beulah Place

17. (a) Burial (b) Date thereof 12/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 No. Kingshighway

19. (a) 12-5-46 (b) Ruth J. Hallenbeck
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 2
year 1946 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from FEB 23; 1946 to DECEMBER 2, 1946
that I last saw him alive on DEC 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: ACUTE CORONARY OCCLUSION 10 min
Duration

Due to CHRONIC ESSENTIAL HYPERTENSION 3 YRS.

Due to 94

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. J. Farley (M. D. or other) 202
Address 6672 Beulah Date signed 12/5/46

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

7
-46

DEC 12 1945

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. W. Wilkins*

Licensed Embalmer No. 3575

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.