

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42389**

FILED DEC 17 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10442**

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:
3526 n. 11 th str
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
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. **3526 N 11 Str**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Joseph Karl, Freyermuth**
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Divorced**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: **Feb 9 Th 1883**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec**, day **5**, year **1946**, hour **3:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **May 31, 1946** to **Day 5**, 19 **46**,
that I last saw him alive on **Nov. 28**, 19 **46**,
and that death occurred on the date and hour stated above.

8. AGE: Years Months **Days** If less than one day
63 --- **10** --- **00** hr. min.

Immediate cause of death:
Adenocarcinoma of Rectum with metastasis to liver.
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

9. Birthplace **Germany** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Baker**
11. Industry or business.....
12. Name **John Freyermuth**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **NT. Knowen**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

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.....

16. (a) Informant **Mrs. Marcella Lockmann**
(b) Address **1125 Veronica 1946**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 9 Th** (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Edward J. Cook**
(b) Address **3516 N 14 Th**
19. (a) **DEC 6 1946** (Date of local registry) **J. F. Bredeck** (Registrar's signature)

23. Signature **O. E. Toffel** (M. D. or other) **MD**
Address **4222 N. Grand** Date signed **12-6-46**

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

000
2617
9

Duration **2 yrs.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Ronald Yabake
Licensed Embalmer No. 2917
P. O. Address St. Louis

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.