

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5876

**FILED FEB 19 1947**

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Douglas Henry Freese

3. (b) If veteran, name war NIL

3. (c) Social Security No. 222-07-2647

4. Sex Male 5. Color or race White

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 August 10, 1920  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>5</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Portage des Sioux, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business General Motors Corporation

12. Name William Freese

13. Birthplace Portage des Sioux, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Blanch Orf

15. Birthplace Portage des Sioux, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William & Blanch Freese

(b) Address Portage des Sioux, Mo.

17. (a) burial (b) Date thereof Feb 12-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Cem. Portage des Sioux, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer + Sons Co.

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 2/13/47 (b) Francis Handman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Portage des Sioux  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9  
year 1947 hour 12:30 minute A. M.

21. I hereby certify that I ~~attended the deceased~~ held inquest  
Feb. 11, 1947 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Internal injuries  
caused by auto accident

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy: yes

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) accident / 30

(b) Date of occurrence Feb. 8, 1947

(c) Where did injury occur? St. Charles Co. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Hwy. #94 one car involved  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury auto accident

23. Signature Marie Munching Date signed 2-11-47  
Address Portage des Sioux, Mo.

(Licensed Embalmer's Statement on Reverse Side)

284

Raw off Roadway

Date Filed 2-18-47  
District File Number \_\_\_\_\_  
District Health Officer No. 9,

RECEIVED

MAR 20 1947

---

---

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

*Joseph T. Lindelt*  
Licensed Embalmer No. 4189

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.