

FILED SEP 15 1947

Registration District No. **15026**

Primary Registration District No. **6244**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Washington**
(b) City or town **Acadet Rt 1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community **13 yrs** years, months or days)

3. (a) PRINT FULL NAME **Edward J Frey**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FANNIE** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Oct 10 1972**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	9	21	hr. min.

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

10. Usual occupation **Butcher**

11. Industry or business **Retired**

12. Name **Henry Frey**

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

14. Maiden name **JANE GREEN**

15. Birthplace **St Louis MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Frey**

(b) Address **Acadet MO**

17. (a) **BURIAL** (b) Date thereof **Aug 4 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **H W McLaughlin**

(b) Address **2301 LEXINGTON ST LOUIS MO**

19. (a) **Aug 30 47** (b) **Mr G. F. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Washington**

(c) City or town **Acadet MO**
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **1**
year **1947** hour **6** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Sept 24** 19**47** to **Sept 1** 19**47**

that I last saw **him** alive on **7-28** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocardia**

Duration **3**

Due to _____

Due to _____

Other conditions **Coronary Hemorrhage** **37m**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **(31)**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **Miss E. ...** (M. D. or other) _____

Address **St Louis MO** Date signed **8/27/47**

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

MOTHER FATHER

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. R. Moberhead

Licensed Embalmer No. *3531*

P. O. Address *Atlanta Ga*

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.