

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24291**
Registrar's No. **6313**

Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Residence
(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

3: (a) PRINT FULL NAME FREMON, JULES ALVIN

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27, 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

25	3	18	hr. min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER, FATHER { 12. Name Richard H. Fremon

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

14. Maiden name Hazel Rhea

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

16. (a) Informant R. C. Fremon

(b) Address 25 Seventh Ave. Sea Cliff, N. Y.

17. (a) Burial (b) Date thereof July 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) JUL 16 1948 (b) J. F. Brudwick
(Date received local Registrar) (Registrar's signature)

2. USUAL PLACE OF DECEASED:

(a) State Missouri (b) County 1000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4953 Parkview Place
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1948 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1946 to July 15, 1948
that I last saw him alive on July 13, 1948
and that death occurred on the date and hour stated above

Immediate cause of death spastic paralysis - from birth Duration since 1923

Due to accident of birth

Due to _____

Other conditions none
(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) _____

While at work? _____ (e) Means of injury _____

23. Signature DC Todd (M. D. or other) MD
Address University Club Bldg. Date signed 7/16/48

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

Ernest W. Spillar

Licensed Embalmer No. *4080*

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.