

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13758**
Registrar's No. **3831**

318

1003

| | | | | | | | |
|--|--|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3831 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (in this place) TOWNSHIP 1 YEARS 44 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2119 Miami St. | | | | d. STREET ADDRESS (If rural, give location) 2119 Miami St. | | | |
| 3. NAME OF DECEASED a. (First) Amalia (Type or Print) | | | b. (Middle) T. | | c. (Last) Freeman | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 4. DATE OF DEATH Month April Day 28 Year 1949 | |
| 8. DATE OF BIRTH May 31, 1904 | | 9. AGE (In years last birthday) 44 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Charles Toeneboehn | | | 13b. MOTHER'S MAIDEN NAME Bertha Reim | | 14. NAME OF HUSBAND OR WIFE Joseph W. Freeman Sr. | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Joseph W. Freeman ADDRESS 2119 Miami St. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative heart disease (hypertension) with acute left ventricular failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr - | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 4222 | | | |
| 22. I hereby certify that I attended the deceased from Nov 1948 to April 28, 1949 , that I last saw the deceased alive on April 28, 1949 , and that death occurred at 3:15P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Beauregard W. Klaus M.D. | | | | 23b. ADDRESS 3701 Grandel Sq | | 23c. DATE SIGNED 4-29-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 30, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery | | 24d. LOCATION (City, town or county) (State) St. Louis Mo. | |
| DATE REC'D BY LOCAL REGISTRY APR 29 1949 | | REGISTRAR'S SIGNATURE J. B. Fassator | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. 1936 St. Louis Ave. | | | |

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bernard Krause
3701 Grandel Square

MS AUG 1 1959

Embalmer's separate cert filed

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.