

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10444

State File No.

BIRTH NO. _____		REG. DIST. NO. : 318		PRIMARY REG. DIST. NO. : 1003		Registrar's No. : 2804					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i>				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>		d. STREET ADDRESS (If rural, give location). <i>25-911-1/2 12th St.</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LOUIS STATE HOSPITAL</i>											
3. NAME OF DECEASED (Type or Print) a. (First) <i>MOLLIE</i>			b. (Middle)			c. (Last) <i>FREULICH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 23, 1950.</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>May - 1895</i>		9. AGE (In years last birthday) <i>54</i>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13a. FATHER'S NAME <i>Harry Katanek</i>				13b. MOTHER'S MAIDEN NAME <i>Bessie</i>				14. NAME OF HUSBAND OR WIFE <i>Henrick D. Freulich</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <i>Henrick D. Freulich - 911 1/2 12th</i>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho Pneumonia</i>				ANTECEDENT CAUSES <i>Lung Abscess</i>				<i>4 ds.</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (c) <i>Carcinoma of Colon (splenic flexure) (supp. report)</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>152X</i>					
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?					
22. I hereby certify that I attended the deceased from <i>Jan. 1</i> 19 <i>50</i> , to <i>March 23</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Mar. 23</i> , 19 <i>50</i> , and that death occurred at <i>9:15a</i> m., from the causes and on the date stated above.											
23a. SIGNATURE <i>Paul T. Haiman M.D.</i>						23b. ADDRESS <i>5400 Arsenal St.</i>			23c. DATE SIGNED <i>3/24/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>3-26-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emmet</i>			24d. LOCATION (City, town, or county) (State) <i>St. Louis County MO</i>				
DATE REC'D BY LOCAL HEALTH DEPT. <i>MAR 24 1950</i>			REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Openhandler</i>			ADDRESS <i>5010 Enright</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

W. J. Penhallow

Licensed Embalmer No. *3669*

P. O. Address *5010 Enright*

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.