V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29007

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2106

4000

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WELLSTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6323 PAGE BLVD.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS CO.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WELLSTON 4300
d. STREET ADDRESS (If rural, give location): 6323 PAGE BLVD., 30 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle):
c. (Last): FREITAG

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 3, 1950.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: NOC. 25, 1878.
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: AUGUST SCHUMANN
13b. MOTHER'S MAIDEN NAME: MARY
14. NAME OF HUSBAND OR WIFE: Dr. OTTO W. FREITAG DEC.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. ROSE FLYNN, 6323 PAGE BLVD.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis (Senility) — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senile Dementia — 334X

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: 334X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1950, *to* Sept 3, 1950, *that I last saw the deceased alive on* Aug. 29, 1950, *and that death occurred at* 6.50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Wm J. Langan Jr M.D.
23b. ADDRESS: 5803 Plymouth Av.
23c. DATE SIGNED: Sept 4/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 5, 1950.
24c. NAME OF CEMETERY OR CREMATORY: LAURAL HILL CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO., MO.

DATE REC'D BY LOCAL REG.: 9-5-50
REGISTRAR'S SIGNATURE: Herbert R Damke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JOS. W. CLARK, 1125 HODIAMONT AVE.,

RWR (Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Langan,
5803 Plymouth Ave.,.

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 Alfred T. Boeder

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamon

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.