

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35614

State File No. _____

FILED NOV 10 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2575

1. PLACE OF DEATH a. COUNTY <u>St. Louis -</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City -4336</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7931 GANNON AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>7931 GANNON AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>L.</u> c. (Last) <u>FREDE.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	
8. DATE OF BIRTH <u>Nov 8 - 1875.</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State of foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Chas. G. Niestrath</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Gertig</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Frede.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas F. Frede - 7931 GANNON-</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer, abdominal.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u>	
		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.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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 Aug 22, 1950, to Oct 22, 1950, that I last saw the deceased alive on Oct 22, 1950, and that death occurred at 7 25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert C. Kungelund M.D.</u>		23b. ADDRESS <u>31 North Bentonwood Blvd Clayton 5, Mo</u>		23c. DATE SIGNED <u>Oct 22, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>10/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAR GROVE Mausoleum</u>	
				24d. LOCATION (City, town, or county) (State) <u>7800 St Charles Rd.</u>	

DATE REC'D BY LOCAL REG. <u>10-23-50</u>		REGISTRAR'S SIGNATURE <u>R. Domke M.D./M.B.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons 7233 Delmar.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

County Use

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 _____

Melvin R. Kemper

Licensed Embalmer No. _____

4052

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.