

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6093
1235

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>318</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Brothers</u>		STREET ADDRESS (If rural, give location) <u>4950 Murdoch Ave</u>	
3. NAME OF DECEASED a. (First) <u>Frederick</u> (Type or Print) b. (Middle) <u>C.</u> c. (Last) <u>Freiburg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-25-1865</u>
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>1</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Freifgt Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Anton Freiburg</u>	
13b. MOTHER'S MAIDEN NAME <u>??? Stute</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Freiburg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Freiburg</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Left Cerebellar Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>56 days</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> 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"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>Dec 12, 1950</u> , to <u>Feb 6, 1951</u> , that I last saw the deceased alive on <u>Feb 5, 1951</u> , and that death occurred at <u>12:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Hutt, M.D.</u>		23b. ADDRESS <u>3606 Gravois</u>	
23c. DATE SIGNED <u>2/6/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Ave Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenheim Bros</u>	
25. ADDRESS <u>6409 Gravois Ave</u>		DATE REC'D BY-LOCAL REGISTRAR'S SIGNATURE <u>FEB 1 REG. J. B. Lester</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
La. 7890 26429

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Law M. Seymour

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address. St Louis Mo

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.