

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 28246
Registrar's No. 7070

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>24</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4400 Bingham Av.</u>				d. STREET ADDRESS (If rural, give location) <u>3930 Minnesota Av.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peggy</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Freund</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 1951</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>Sept. 19 1929</u>	
9. AGE (in years last birthday) <u>21</u>		10. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Elmer J. Koestner</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Dell</u>		14. NAME OF HUSBAND OR WIFE <u>John N. Freund</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>495-26-8466</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John N. Freund 3930 Minn. Av.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized peritonitis</u> DUE TO (c) <u>Pelvic Abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		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? <u>626X</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1100P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Steph. M. Quinn</u>				23b. ADDRESS <u>1500 Clark</u>		23c. DATE SIGNED <u>8/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Bur. PK.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 8 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>With Bur. & H. Co. 2525 S. Jefferson</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed D. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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.