

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **11143**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital | | STREET ADDRESS (If rural, give location) 2704 S. II St. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Frank | b. (Middle) J. | c. (Last) Frey | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1951 |
|-------------------------------------|-------------------------|-----------------------|-----------------------|--|

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|--------------------|-------------------------------|---|------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 2 1878 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | IF UNDER 11 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler | 10b. KIND OF BUSINESS OR INDUSTRY Greisedeck | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? 0 |
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| 13a. FATHER'S NAME Sam J. Frey | 13b. MOTHER'S MAIDEN NAME Anna Grob | 14. NAME OF HUSBAND OR WIFE Anna Frey |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Anna Frey | ADDRESS 2704 S. II St. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 7 22 22 1 11 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with massive Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) None | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
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| 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? 157X |
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22. I hereby certify that I attended the deceased from **11/9 1951**, to **12/14 1951**, that I last saw the deceased alive on **12/14 1951**, and that death occurred at **9:25 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE W. Demko M.D. (Degree or title) | 23b. ADDRESS 3430 Gravois Ave | 23c. DATE SIGNED 12/17/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE 12-18-51 | 24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
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| DATE REC'D BY LOCAL REG. DEC 17 1951 | REGISTRAR'S SIGNATURE J. Earl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher | ADDRESS 3013 Meramec |
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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.....
Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *4746*

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.