No. 300
10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 29453

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8101

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis,Mo. 2
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) St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY 2/24
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal

3. NAME OF DECEASED (Type or Print)
a. (First) ERNEST
b. (Middle)
c. (Last) FREBERG

4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1952

5. SEX male ♂

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 5/19/74

9. AGE (In years last birthday) 78 — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Sweden 4

12. CITIZEN OF WHAT COUNTRY? [redacted]

13a. FATHER'S NAME Anderson Freberg

13b. MOTHER'S MAIDEN NAME Madeline Ellison

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Hospital Records **ADDRESS** 5400 Arsenal St.

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) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive arteriosclerotic heart disease

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 ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Jan. 1, 1950, *to* Aug 23, 1952, *that I last saw the deceased alive on* Aug 23, 1952, *and that death occurred at* 3:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Mary-Jean Murphy O

23b. ADDRESS 5400 Arsenal St.

23c. DATE SIGNED 8/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 8-30-52

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. AUG 27 1952

REGISTRAR'S SIGNATURE J Carl Smith M.D. MKB

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service **ADDRESS** 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.