

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

18024

2639

FILED JUN 9 1953

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

## I. PLACE OF DEATH

a. COUNTY Jackson

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town) Kansas City

c. LENGTH OF STAY (in this place) 3 years

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No 

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 4313 Askew

## 3. NAME OF DECEASED (Type or Print)

a. (First) Martha

b. (Middle) B.

c. (Last) Freitag

4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 1953

## 5. SEX

female

## 6. COLOR OR RACE

white

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

married

## 8. DATE OF BIRTH

Aug. 1, 1908

## 9. AGE (In years last birthday)

44

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY housewife

11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S.

## 13a. FATHER'S NAME

Adam Biliniski

## 13b. MOTHER'S MAIDEN NAME

Mary Kodowski

## 14. NAME OF HUSBAND OR WIFE

Charles H. Freitag

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 321-10-8726

17. INFORMANT'S SIGNATURE OR NAME Charles Freitag

ADDRESS K.C. Mo.

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia

## ANTECEDENT CAUSES

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

DUE TO (b) Cerebral embolus

DUE TO (c) Rheumatic heart disease Chronic inactive

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

416X

## 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?

22. I hereby certify that I attended the deceased from April 27, 1953, to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 8:55 P. M., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)

23b. ADDRESS 24th &amp; Cherry

23c. DATE SIGNED 5-22-53

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

24b. DATE 5-25-1953

24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City Kans

DATE REC'D BY LOCAL REG.

5-23-53

REGISTRAR'S SIGNATURE

Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Werner Mortuary

ADDRESS

K.C.K.

*Dr. J. H.*

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. 485 working under my personal supervision..

Student Marguerite A. Haller  
Signature of Student Embalmer

Signed John Chick Werner

Licensed Embalmer No. 2598

P. O. Address HCK

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.