

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26353**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6128**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 25 912 CARR 0	
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) FREINER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH OCT 14 1916
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Andrew Teresa	13b. MOTHER'S MAIDEN NAME Rosa Gilardi
14. NAME OF HUSBAND OR WIFE John Freiner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mike Palazzo		ADDRESS 2807 University 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pancreatic insufficiency	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 260X		22. I hereby certify that I attended the deceased from 12-18-52 , 19 52 , to 6-17-53 , 19 53 , that I last saw the deceased alive on 6-17-53 , 19 53 , and that death occurred at 1:25P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Albert Edward Stock		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 6-18-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JUN 20 53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO		25. FUNERAL DIRECTOR'S SIGNATURE Micali Sons	
25. ADDRESS 1150 N. Kingshighway		DATE REC'D BY LOCAL REG. JUN 19 1953	
REGISTRAR'S SIGNATURE J. Carl Smith		25. ADDRESS 1150 N. Kingshighway	

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Anthony J. Mucili*

Licensed Embalmer No. *4277*

P. O. Address *St Louis*

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.