

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30590

State File No.

FILED AUG 25 1953

BIRTH NO.

REG. DIST. NO. 312

PRIMARY REG. DIST. NO. 541

Registrar's No. 2133

1. PLACE OF DEATH a. COUNTY St. Louis			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 township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 6 years	c. CITY OR TOWN Clayton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 Linden Ave.			e. STREET ADDRESS (If rural, give location) 218 Linden Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Anne b. (Middle) Adele c. (Last) Frese			4. DATE OF DEATH (Month) (Day) (Year) August 2, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1908	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 2
IF UNDER 24 HRS. Days 0	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) New York City, N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Herman L. Schilde		13b. MOTHER'S MAIDEN NAME Helen Abendroth		14. NAME OF HUSBAND OR WIFE Fred A. Frese	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 085-12-5344	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred A. Frese 218 Linden Ave.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs 2-3 wks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 1, 1953 to Aug 2, 1953 that I last saw the deceased alive on Aug 2, 1953 and that death occurred at 12:20 AM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. W. Kelly, M.D.		23b. ADDRESS 5720 Washington St. Louis Mo.		23c. DATE SIGNED Aug 5, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE Aug. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. 8-3-53		REGISTRAR'S SIGNATURE Hubert R. D... ..		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Lupton & Sons 7233 Delmar Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

74

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.