

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33224

State File No. \_\_\_\_\_

318

1003

Registrar's No. 8320

|  |  |   |                           |   |  |   |  |   |   |  |  |                            |  |
|--|--|---|---------------------------|---|--|---|--|---|---|--|--|----------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |                           | PRIMARY REG. DIST. NO. _____  |  | State File No. _____  |  | Registrar's No. 8320  |   |  |  |                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY _____ |  |   |  |   |   |  |  |                            |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |  |   |                           | c. LENGTH OF STAY (In this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2249</u> |  |   |   |  |  |                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2867<sup>9</sup> Missouri Av.</u>   |  |   |                           | d. STREET ADDRESS (If rural, give location) <u>2867<sup>9</sup> Missouri Av.</u>  |  |   |  |   |   |  |  |                            |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Wilhelmine</u>  |  |   | b. (Middle) <u>Minnie</u> |   |  | c. (Last) <u>Fraefel</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25 1953</u> |  |  |                            |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |                           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>   |  | 8. DATE OF BIRTH <u>Nov. 22 1874</u>  |  | 9. AGE (In years last birthday) <u>78</u>                             |   | IF UNDER 1 YEAR Months Days                  |  | IF UNDER 2 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>   |  |   |                           | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  |   |  | 11. BIRTHPLACE (State or foreign country) <u>Germany</u>              |   | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u> |  |                            |  |
| 13a. FATHER'S NAME <u>Wm. Albrecht</u>   |  |   |                           | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  |  |   |  | 14. NAME OF HUSBAND OR WIFE <u>Anton Fraefel</u>                      |   |  |  |                            |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |  |   |                           | 16. SOCIAL SECURITY NO. <u>no</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Maryle Schuetz</u> ADDRESS <u>2867<sup>9</sup> Missouri</u>  |  |   |   |  |  |                            |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Metastatic Carcinoma of Colon (Caecum)</u>                                      |                           |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>                        |   |  |  |                            |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____ |                           |   |  |   |  |   |   |  |  |                            |  |
|  |  | DUE TO (c) _____  |                           |   |  |   |  |   |   |  |  |                            |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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 <input 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) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                    |                           | 21f. HOW DID INJURY OCCUR? _____ <u>153X</u>  |  |   |  |   |   |  |  |                            |  |
| 22. I hereby certify that I attended the deceased from <u>Oct. 13, 1952</u> , to <u>Aug. 25, 1953</u> , that I last saw the deceased alive on <u>Aug. 25, 1953</u> , and that death occurred at <u>7:30</u> p. m., from the causes and on the date stated above. |  |   |                           |   |  |   |  |   |   |  |  |                            |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____  |  |   |                           | 23b. ADDRESS <u>9506 Spanna</u>   |  |   |  |   |   | 23c. DATE SIGNED <u>8/26/53</u>              |  |                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>8-27-53</u>  |                           | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>                           |  |   |   |  |  |                            |  |
| DATE REC'D BY LOCAL REG. <u>AUG 27 1953</u>  |  | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>  |                           |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Witt Bro. &amp; U.C. 2929 S. Jefferson A.</u> ADDRESS _____   |  |   |   |  |  |                            |  |

E. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 .....  
Student Embalmer

Signed *D. M. Davis* .....

Licensed Embalmer No. 3741 .....

P. O. Address 2929 Jefferson .....

**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.