

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41597

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2846

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>Ladue</u> | | c. CITY OR TOWN <u>Ladue</u> | |
| c. LENGTH OF STAY (in this place) <u>1 year</u> | | 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: <u>12 Magnolia Drive</u> | | e. STREET ADDRESS (If rural, give location) <u>12 Magnolia Drive</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> | b. (Middle) | c. (Last) <u>Frey</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11/3/53</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>July 4, 1892</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 12 HRS. Hours | Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------|--------------------------|---------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles W. Frey</u> |
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| 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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris Chapman--3672 Dover Pl.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 10/4, 1952, to 11/3, 1953, that I last saw the deceased alive on 10-31-1953, and that death occurred at 9:20 p., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John Blum</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>35 N. Central Clayton Mo</u> | 23c. DATE SIGNED <u>11/4/53</u> |
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| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>11/6/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Keystone Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Jacob, Illinois</u> |
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| DATE REC'D BY LOCAL REG. <u>11/4/53</u> | REGISTRAR'S SIGNATURE <u>Wesley B. Stone</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Welder 3634 Gravois Ave.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Frank J. [Signature]

Licensed Embalmer No. *2,61*

P. O. Address *[Signature]*

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.