

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45301

State File No. ....

12213

FILED JAN 19 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

|  |  |   |  |   |  |                                  |  |
|--|--|---|--|---|--|----------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.   |  | b. COUNTY   |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis   |  | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN St. Louis   |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 4243a Chouteau Ave.   |  | STREET ADDRESS (If rural, give location)<br>18 4243a Chouteau Ave.  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print) MINNIE  |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec. 27, 1953 |   |  |                                  |  |
| 5. SEX Female  |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed   |  |                                  |  |
| 8. DATE OF BIRTH<br>2 Aug. 9, 1859   |  | 9. AGE (In years last birthday) 94  |  | 10. UNDER 1 YEAR: Months Days   |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Germany (Naturalized)   |  |                                  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  | 13a. FATHER'S NAME<br>Ernst Browe   |  | 13b. MOTHER'S MAIDEN NAME<br>Charlotte Geisman  |  |                                  |  |
| 14. NAME OF HUSBAND OR WIFE<br>Late Fred Frey  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.   |  | 16. SOCIAL SECURITY NO.   |  |                                  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Fred R. Frey  |  | ADDRESS<br>4560 Chouteau Ave  |  |   |  |                                  |  |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility</i><br>ANTECEDENT CAUSES<br><i>Arterio Sclerosis</i><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>   |  | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR<br>4500   |  |                                  |  |
| 22. I hereby certify that I attended the deceased from <i>15</i> <i>yes</i> , 19 <i>1953</i> , to _____, 19____, that I last saw the deceased alive on <i>12-27</i> , 1953, and that death occurred at <i>3:30</i> p.m., from the causes and on the date stated above. |  |   |  |   |  |                                  |  |
| 23a. SIGNATURE<br><i>J. S. Sheet</i> M.D.  |  | (Degree or title)   |  | 23b. ADDRESS<br><i>2620 S. Kingshighway</i>   |  |                                  |  |
| 23c. DATE SIGNED<br><i>12-28-53</i>  |  | 24a. BURLIAL, CREMATION, REMOVAL (Specify)<br>Removal   |  | 24b. DATE<br><i>12-30-53</i>  |  |                                  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Memorial Park  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County, Mo.  |  |   |  |                                  |  |
| DATE REC'D BY LOCAL REG.<br>DEC 28 1953  |  | REGISTRAR'S SIGNATURE<br><i>J. Carl Smith</i> M.D.  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Kriegshauser</i>   |  |                                  |  |
|  |  | ADDRESS<br>Kriegshauser-4228 S. Kingshighway Bl.  |  |   |  |                                  |  |

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 *Edwin A. M. Bennett*.....

Licensed Embalmer No...3024

P. O. Address.....

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.