

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6844

State File No. ....

FILED MAR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 500 Registrar's No. 493

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Lekeehire</b>		c. CITY OR TOWN <b>Lakeshire</b>	
c. LENGTH OF STAY (in this place) <b>14 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9766 Antonia</b>		STREET ADDRESS (If rural, give location) <b>9766 Antonia</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Richard</b>	b. (Middle) <b>J</b>	c. (Last) <b>Freiburghaus Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 9, 1899</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Carter Carburetor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Fritz Freiburghaus</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Baerlocher</b>	14. NAME OF HUSBAND OR WIFE <b>Mabel Freiburghaus</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>489-05-2647</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Freiburghaus</b>	ADDRESS <b>9766 Antonia</b>
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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 <b>2</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Scungo</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma prostate gland</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>177X</b>			

19a. DATE OF OPERATION <b>Dec 31-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cancer of bladder prostate extending into bladder</b>	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 **Dec 1, 1954**, to **Feb 24, 1955**, that I last saw the deceased alive on **2/24, 1955**, and that death occurred at **1:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter H. Mey</b>	23b. ADDRESS <b>2730 9915 Gravois</b>	23c. DATE SIGNED <b>2/26/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/28/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Afton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2/26/55</b>	REGISTRAR'S SIGNATURE <b>Richard R. Montem...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b>	ADDRESS <b>7027 Gravois</b>
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(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 *Donald C. Berry*.....

Licensed Embalmer No. *486*

P. O. Address *7027 Brown*

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.