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

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3381

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy,
c. LENGTH OF STAY (in this place): 7 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mother of Good Counsel Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY:
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5036 So. Grand Blvd., 215

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): B.
c. (Last): Freund,

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1956

5. SEX: Female, 1

6. COLOR OR RACE: White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 14, 1871

9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Bopp,

13b. MOTHER'S MAIDEN NAME: Barbara Dickgiesser,

14. NAME OF HUSBAND OR WIFE: Nicholas M. Freund, (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Marie D. Schaper, 5036 So. Grand Blvd.,

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

4200

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 7-27, 1955, *to* Jan. 2, 1956 *that I last saw the deceased alive on* Jan 2, 1956 *and that death occurred at* 1:15P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M.C. Stachle (Degree or title): MD

23b. ADDRESS: 7124 Natural Bridge

23c. DATE SIGNED: 1-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/5/56

24c. NAME OF CEMETERY OR CREMATORY: SS. Peter and Paul Cemetery,

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri,

DATE REC'D BY LOCAL REG.: 1-4-56

REGISTRAR'S SIGNATURE: Herbert R. Rombe M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe D. Berg.....

Licensed Embalmer No.....42

P. O. Address.....2842 Meram St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.