

STANDARD CERTIFICATE OF DEATH

State File No. **6194**

FILED FEB 26 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**Registrar's No. **1341**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 3 yrs		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 01 1438 E. Grand		e. STREET ADDRESS (If rural, give location) 1438 E. Grand	
3. NAME OF DECEASED (Type or Print) a. (First) HENRICK b. (Middle) 1498 c. (Last) FREULICH		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Marr.	8. DATE OF BIRTH Unk.
9. AGE (In years) (last birthday) ab. 72		IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Unk.		12. CITIZEN OF WHAT COUNTRY? Unk.	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Unk.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT'S SIGNATURE OR NAME Benj. Winfield		ADDRESS 1438 E. Grand	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Mouth (Buccal Mucosa)		INTERVAL BETWEEN ONSET AND DEATH 8 mos.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Metastases to Cervical Nodes	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis, Gen.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from 10 1953 , to 2/9 1957 , that I last saw the deceased alive on 2/8 1957 and that death occurred at 8 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Roy Gerbaur MD		23b. ADDRESS 4652 Maryland	
23c. DATE SIGNED 2/11/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem:		24b. DATE 2/11/57	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City, Mo.	
DATE REC'D BY LOCAL HEALTH DEPT. FEB 11 57		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE M&S		ADDRESS Berger Memorial 4715 McPherson	
(Licensed Embalmer's Statement on Reverse Side)			

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

No. _____
 Sex _____ Race _____
 Height _____ Weight _____
 Hair _____ Eyes _____
 Occupation _____
 Cause of Death _____
 Date of Death _____
 Place of Death _____
 Name of Physician _____
 Name of Hospital _____
 Name of City _____
 Name of State _____

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 _____
 Licensed Embalmer No. 2988

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.

Center Memorial A.V.M. Mortuary