

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26775

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1607

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 3 wks	
3. NAME OF DECEASED (Type or print) ANTHONY		4. DATE OF DEATH June 23, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 18, 1889	
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY St. Louis University	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13. FATHER'S NAME Anton Freitag		14. MOTHER'S MAIDEN NAME Mathilda Binder	
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. 487-27-9458	
17. INFORMANT Helen Marie Freitag, 5014 Alaska Av. (Wife)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Rheumatic Heart Disease (old) Arteriosclerosis (sev.) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) Nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH 18 Mo. ? ? ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 5, 1957 to June 23, 1957 and last saw her alive on June 22, 1957 Death occurred at 1 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. Paul Schroeder M.D.	
22b. ADDRESS 3720 Washington		22c. DATE SIGNED 6/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 26, 1957	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		25. DATE RECD. BY LOCAL REG. 6-24-57	
ADDRESS 2842 Meramec St.		26. REGISTRAR'S SIGNATURE Herbert B. Donk, MD	
St. Louis, 18 Missouri		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Deaths in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

44.

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 me, Student Embalmer No. _____, working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Berry

Licensed Embalmer No. 4
2842 Meramec
St. Louis, Mo.

P. O. Address.....

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