

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29454

STATE FILE NUMBER

FILED AUG 26 1957

318

1003

7019

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 2906 Mt. Pleasant.			Length of stay in 1b	257 STREET ADDRESS 2906 Mt. Pleasant. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Amelia Middle A. Last Freihaut,			4. DATE OF DEATH Month Day Year July 26, 1957		
5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 27, 1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri,			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Bartholomew Freihaut,			14. MOTHER'S MAIDEN NAME Helena Mees,		
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. None		17. INFORMANT Address Miss Helen E. Freihaut, 2906 Mt. Pleasant	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary thrombosis</i> DUE TO (b) <i>arterio-sclerotic heart disease</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>2 yrs</i>
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.) <i>420.0</i>			
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 <i>Jan. 10, 56</i> to <i>July 26-57</i> and last saw her <i>alive on July 24-57</i> Death occurred at <i>6:30 A.M.</i> on the <i>date</i> stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>George A. O'Sullivan, M.D.</i>			22b. ADDRESS <i>7629 Ivory Ave.</i>		22c. DATE SIGNED <i>7-27-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		23c. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
23d. DATE <i>7/29/57</i>		24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, <i>2842 Meramec St., St. Louis, 18, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 29 57</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>					

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 1 1957  
AUG 28 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Joe S. Benz.....

Licensed Embalmer No.....  
2842 Meramec  
P. O. Address St. Louis,.....

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.