. Health,
& Welfare
. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-019694
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5535

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital 0 — Length of stay in 1b: 2/59

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4037 California — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Arthur — Middle: W. — Last: Freund

4. DATE OF DEATH: Month: May — Day: 25 — Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF DATH: Oct. 28, 1890

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months: 6 Days: 27 — IF UNDER 24 HRS.: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

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

13a. FATHER'S NAME: Daniel Freund

13b. MOTHER'S MAIDEN NAME: Ida Kassheimer

14. NAME OF HUSBAND OR WIFE: Edna (Deceased)

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.: 489-03-0679

17. INFORMANT: Virginia Rohrbach — Address: 9278 McKenzie

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Ruptured aortic Aneurysm. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO (b): abdominal abdominal- arteriosclerosis arteriosclerosis

DUE TO (c): 451x

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)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-5-58, to 5-25-58 and last saw him alive on 5-25-58

Death occurred at 10:20 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Rosenberg (Degree or title) D.O. — Paul Rosenberg D.O. D.O. 2

22b. ADDRESS: 9438 Gravois — 9438A Gravois

22c. DATE SIGNED: 5-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 28, 1958

23c. NAME OF CEMETERY OR CREMATORY: St. Pauls Church Yard

23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR: Schumacher's — ADDRESS: 3013 Meramec St.

25. DATE RECD. BY LOCAL REG.: MAY 27 '58

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD Mys.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

## 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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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.