

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034223

STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8888

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>38 D.O.A. City Hosp.</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>6504 Clayton Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ROSE</b> Middle <b>MARIE</b> Last <b>FREIST</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>13,</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 26, 1935</b>	9. AGE (In years last birthday) <b>22</b>	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Typist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Am. Natl. Uns. Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Albert Katzenberger</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Rockenhaus</b>		14. NAME OF HUSBAND OR WIFE <b>Richard F. Freist</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Richard Freist-6504 Clayton Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal Hemorrhage following gunshot wound of the chest.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>E919.0-19</b> DUE TO (c) <b>Internal Hemorrhage following gunshot wound of the chest.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONCERNING THE DEATH (e.g., the terminal disease or condition in which the deceased was suffering at the time of death) <b>Richard Freist (husband of deceased) striking the deceased, in room of home of 6504 Clayton Ave. about 1:50 a.m., September 13, 1958.</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20c. TIME OF INJURY Hour <b>1:50</b> a.m. Month, Day, Year <b>9 13 58</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>			
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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>220 A</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>James M Kelly Deputy</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>9-15-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New St Marcus</b>		23d. LOCATION (City, town, or country) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Kriegshauser-4228 S. Kingshighway</b>			25. DATE RECD. BY LOCAL REG. <b>SEP 15 58</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*m JB*

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 *William B White* .....

Licensed Embalmer No. *4291* .....

P. O. Address *4228 de Kungs* .....

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.