

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006782

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No.

305

Primary Registration District No.

6047

Registrar's No.

4

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN O'Fallon		c. CITY OR TOWN O'Fallon 6920	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS RR #2 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Hubert Middle George Last Freymuth		4. DATE OF DEATH Month 2 Day 10 Year 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 10/6/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Dardenne, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clemence C. Freymuth		13b. MOTHER'S MAIDEN NAME Rosena Mindrup	
14. NAME OF HUSBAND OR WIFE Mary L. Niedemer		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. 440-40-4589		17. INFORMANT Mrs. Mary L. Freymuth, O'Fallon, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occulsion		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
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 ☐ 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 2-10-59 to 2-10-59 and last saw him alive on 2-10-59 Death occurred at 10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. M. Keller (Degree or title)		22b. ADDRESS Wentzville, Mo.	
22c. DATE SIGNED 2-11-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/12/1959	
23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cemetery		23d. LOCATION (City, town, or county) (State) Dardenne, Missouri	
24. FUNERAL DIRECTOR T.J. Pitman, Wentzville, Missouri		25. DATE RECD. BY LOCAL REG. Feb 16 1959	
26. REGISTRAR'S SIGNATURE Martin F. Huff			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Carlton J. Pittman*.....

Licensed Embalmer No. *4974*.....

P. O. Address *Wentville*.....

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.