

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010912
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registered No. **2566**

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Deaconess Hosp.</i>		Length of stay in 1b <i>5 days</i>	d. STREET ADDRESS (If outside give location) <i>910 E. Fifth St.</i> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Ida Emma Freitag</i>			4. DATE OF DEATH Month Day Year <i>March 11, 1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 25, 1878</i>
9. AGE (In years) <i>80</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>16</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Maker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state or country) <i>New Haven, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Charles Rathert</i>	13b. MOTHER'S MAIDEN NAME <i>Louise Fleer</i>	14. NAME OF HUSBAND OR WIFE <i>August H. Freitag</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, was or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Aug. H. Freitag, Washington, Missouri</i>	
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>Myocardial artery thrombosis</i> DUE TO (b) <i>5'10.2</i> also <i>also. Hemorrhagic pneumonia, bilateral.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH <i>3/7 - 3/11/59</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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>3/10/59 at 2:40 PM</i> to <i>3/11/59</i> and last saw ^{(or) him} <i>live on 3/4/59</i> Death occurred at <i>12:08 PM 3/11/59</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James H. Deegs, M.D.</i>	22b. ADDRESS <i>7820 Crowdet, Clayton, Mo.</i>	22c. DATE SIGNED <i>3/11/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Mar 14, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Senates Grove Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>New Haven, Missouri</i>
24. FUNERAL DIRECTOR <i>Hieburg & Witt, Inc. Washington Mo.</i> <i>L. H. Witt.</i>	25. DATE RECD. BY LOCAL REG. MAR 13 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Devine C. Neher*
Licensed Embalmer No. *2389*
P. O. Address *Washington*

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.