

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014980
State File No.

MAY 1 1959

2 3626
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town)	c. LENGTH OF STAY (In this place township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location)		
<i>St. Anthony's Hosp. Infirmary</i>	<i>3520 Clippewa Street</i>		

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<i>Sister M. Johanna Freund</i>	<i>Sister</i>	<i>M.</i>	<i>Freund</i>	<i>4 - 10 - 59</i>

5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never</i>	8. DATE OF BIRTH <i>May 20, 1865</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>93 11 10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Johnsburg, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>yes</i>

13a. FATHER'S NAME <i>Nicolaus Freund</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Maria Thelan</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Sister M. Hyacinth</i>	ADDRESS <i>3520 Clippewa</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <i>unk</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <i>Generalized arteriosclerosis</i>		
DUE TO (c)		420.0	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Dec 20, 1952* to *Apr 10, 1959*, that I last saw the deceased alive on *Apr 8, 1959*, and that death occurred at *7:55 pm* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Robert Swamer M.D.</i>	23b. ADDRESS <i>818 Olive St St L Mo</i>	23c. DATE SIGNED <i>Apr 11-59</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/13/59</i>	24c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter and Paul Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
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DATE REC'D BY LOCAL REG. <i>APR 11 59</i>	REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gebken-Benz Mortuary</i>	ADDRESS <i>2842 Meramec St. St. Louis 18 Missouri</i>
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M. 8. 13.

(Licensed Embalmer's Statement on Reverse Side)

WIGLE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.....

Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joe B. Benz

Licensed Embalmer No. 6249

P. O. Address 2842 Meramec St.,

St. Louis 18 Missouri

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 this body is not embalmed, fact should be so stated above.