

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-034565

UNDECEASED

FILED VS SEP 16 1959

Registration District No. 541 Primary Registration District No. 541 Registrar's No. 2339 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Kirkwood</b>	
Length of stay in 1b <b>DOA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1313 Forest Ave.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>GUY</b>	First <b>S.</b>	Middle <b>FREUTEL</b>	Last	4. DATE OF DEATH Month <b>Aug.</b> Day <b>29</b> Year <b>1959</b>
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5. SEX <b>Male</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>12/6/21</b>	9. AGE (last birthday) <b>37</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice President</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Federal Reserve Bank</b>	11. BIRTHPLACE (City and state or country) <b>Chicago, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Edward Freutel</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Dorothy Freutel</b>
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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) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W. W. 2 546-24-9735</b>	17. INFORMANT <b>Dorothy Freutel, 1313 Forest Ave., Kirkwood</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia as a result of ligature around neck</b>		INTERVAL BETWEEN ONSET AND DEATH
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Self inflicted strangulation by ligature</b>
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20c. TIME OF INJURY <b>9:00 a.m.</b>	Month, Day, Year <b>8/29/59</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>basement of home</b>	20f. CITY, TOWN, OR LOCATION <b>Kirkwood</b>	COUNTY <b>St. Louis</b>	STATE <b>Missouri</b>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond H. Hahn</i> Coroner	22b. ADDRESS <b>Clayton, Mo.</b>	22c. DATE SIGNED <b>9/2/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial Removal</b>	23b. DATE <b>9/1/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Aledo Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Aledo, Ill.</b>
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24. FUNERAL DIRECTOR <b>Louis H. Zopp, Inc. Kirkwood</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-31-59</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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700 (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

*Francis J. [Signature]*

Licensed Embalmer No. 4512

P. O. Address Richard [Signature]

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.