

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038483

FILED VS NOV 2 1959 R# A-851317

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2733 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MONROE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 3 DAYS		c. CITY OR TOWN VALMEYER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HENRY Middle NMI Last FREIMUTH			4. DATE OF DEATH Month 10- Day 15 Year 59						
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-28-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM HAND			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) MONROE CITY ILL. USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME FRED FREIMUTH			13b. MOTHER'S MAIDEN NAME JULIA FREDRICH			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. unk.		17. INFORMANT Address VA HOSPITAL RECORDS, JEFF BRKS 25, 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) ASPIRATION PNEUMONIA WITH LUNG ABSCESS FORMATION								INTERVAL BETWEEN ONSET AND DEATH UNDET	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		DUE TO (b) CARCINOMA OF THE ESOPHAGUS WITH COMMUNICATING SINUS INTO TRACHEA		DUE TO (c) UNDET					
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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I VA attended the deceased from 10-12-59 to 10-15-59 Death occurred at 2:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, MD DIRECTOR PROFESSIONAL SERVICE, VAH JEFF BRKS 25, MO.				22b. ADDRESS		22c. DATE SIGNED 10-15-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-18-59	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY JB MO.		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.				
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington			25. DATE RECD. BY LOCAL REG. 10-16-59		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.				

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Stahl

Licensed Embalmer No.

4596

P. O. Address

St. Louis, Mo.

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.