

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20410

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003** Registered No. **5549**  
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 77 yrs. 9 mos. 30 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Frey

(a) Residence, No. 6200 Alabama St. 1 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 9 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Clerk  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Amsterdam

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT WM. F. McNamee M. D.  
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE June 22, 1938

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S. Broadway

20. FILED 19 38 J. D. Biediek  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19/38 19

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, 19, to June 19, 1938, 19.....

I last saw him alive on June 19, 1938 19..... Death is said to have occurred on the date stated above, at 11.45 A. M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 5-29-33-x

Other contributory causes of importance:  
Broncho-Pneumonia 6-12-38

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
Specify.....

(Signed) William F. McNamee, M. D.  
(Address) 5300 Arsenal St.

JUN 20 1938

Licensed Embalmer's Statement on Reverse Side

NOTE—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Geo. Hoffmeister*

Licensed Embalmer No. ....

2426

P. O. Address .....

**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, above space should be left blank.**