

791  
1003  
OCT 14 1939  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 3  
St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sisters of Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Years  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Louise Frey 600

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.6. (b) Name of husband or wife Valentine Frey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May 18, 1856  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
83 3 21 hr. \_\_\_\_\_ min.9. Birthplace Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Joseph Urie 713. Birthplace Unknown  
(State or foreign country)14. Maiden name Sophie Beckorf15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Arthur James(b) Address 2209 Hebert St.17. (a) Burial (b) Date thereof 9-11-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd.19. (a) SEP 11 1939 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2209 Hebert St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9  
year 1939 hour 8 minute 30 a. M.21. I hereby certify that I attended the deceased from Aug. 12, 1939 to Sept. 9, 1939  
that I last saw her alive on Sept. 8, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Cor Pulmonale 2 months  
Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Anthony A. Predeck (M. D. or other) MDAddress 1525 1/2 Chess Ave Date signed 9/9/39

**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 Alfred J. Bredeten  
Licensed Embalmer No. 2663  
P. O. Address 4204 Prairie

**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.**