

No. 2  
1-10-39  
1-11-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

13366

MAY 15 1940 791

State File No. \_\_\_\_\_

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

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

Registrar's No. 3568

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Adeline Frieberger

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 27 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	4	21	hr. _____ min.
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9. Birthplace Jeffriesburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER { 12. Name Christopher Honold

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Anna Wagner

15. Birthplace Beaufort Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. W. Frieberger

(b) Address 1223 Bellevue Ave.

17. (a) Removal (b) Date thereof 4-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffriesburg, Mo.

18. (e) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 19 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union  
(If outside city or town limits write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/18/40 day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 7 P. M.

21. I hereby certify that I attended the deceased from 4/13/40 to 4/18/40  
\_\_\_\_\_ 1940 to \_\_\_\_\_ 1940;  
that I last saw her alive on 4/13/40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to chronic nephritis

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

Other conditions regarding chronic  
(Include pregnancy within \_\_\_\_\_ months of death)

Duration 1 week

(2)

(3)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:

(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? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. F. Beck (M. D. or other) MD  
Address W. F. Beck Date signed 4/13/40

WRITE PLAINLY—USE 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.....

*Harford Burnley*, Registered Apprentice No. *1*  
working under my personal supervision.

Signed *Albert G. Hooper*

Licensed Embalmer No. *2971*

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.**