

12-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

791 OCT 25 1940

# STANDARD CERTIFICATE OF DEATH

State File No. **30750**  
Registrar's No. **8027**

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

### 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:  
5738 Era Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 39 Years  
(Specify whether years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5738 Era Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 39 Years years.

3. (a) PRINT FULL NAME Alvena Frey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles A Frey 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 4, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 3 19 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr Charles A Frey

(b) Address 5738 Era Ave

17. (a) Burial (b) Date thereof 9/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 26 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1940 hour 10:15 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept. 3, 1940, to Sept. 23, 1940  
that I last saw he alive on Sept. 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 weeks

Due to Bld. Pressure 2.30/1.00 2

Due to Ch. Nephritis 2

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None Of autopsy None  
PHYSICIAN [Signature]  
Underline the cause to which death should be charged statistically.

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) Means of injury 1  
23. Signature Math Hermann (M. D. or other) MD  
Address 5738 W. Elm Date signed 9-25-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address. *St. Louis 9*

**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, fact should be so stated above.**