

No. 2
-1-4-41
5-17-39
X26390

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9077**
Registrar's No. **2487**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital #1
(d) Length of stay: In hospital or institution 14 Days
In this community Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County cc. 126
(c) City or town St. Louis
(d) Street No. 1512 Agnes St.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin J. Freyer
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 8, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 8 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Concrete finisher

12. Name Albert Freyer

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

14. Maiden name Mary Naedke

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

16. (a) Informant Miss Mary Ann Freyer

(b) Address 1512 Agnes St.

17. (a) Burial (b) Date thereof 3/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2161 East Fair Ave
19. (a) MAR 19 1941 (b) J. W. Bredrek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16,
year 1941 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from March
2, 1941 to March 16, 1941;
that I last saw him alive on March 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions 98
(Include pregnancy within 3 months of death)

Major findings:
Of operations ASL

Of autopsy _____
PHYSICIAN
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) (e) Means of injury 0

23. Signature M. W. Fitzgerald (M. D. or other) 3/17/41
Address 1515 Lafayette Avenue Date signed _____

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

Signed



Licensed Embalmer No

2967

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 this body is not embalmed, fact should be so stated above.