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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16813

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4331

20
17
9

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

**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: ST. ANTHONYS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 000 MO.

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4007A. S. BROADWAY 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME AGNES FREESE.

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WALTER H. FREESE

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased NOV. (Month) 14 (Day) 1890 (Year)

8. AGE: Years 50 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name FRANK KROLICK

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

MOTHER 14. Maiden name AGNES UNK.

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

16. (a) Informant Walter H. Freese

(b) Address 4007A S. Broadway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 LAFAYETTE AV.

19. (a) MAY 23 1941 (Date received by registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 21 year 1941 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 1 1941 to May 21 1941; that I last saw h. alive on May 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myelogenous leukemia — Duration 2 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George A. O'Sullivan (M. D.)

Address 421 N. Schirmer St. Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette Av

**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.**