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-39  
K23159

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1244

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay

(c) Name of hospital or institution: 211 Nellie  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Katherine Freiner

3. (b) If veteran, name war \_\_\_\_\_ 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 Jacob Freiner 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan 13 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 29 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation house wife

11. Industry or business at hoem

12. Name Peter Lauer

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 Jacob Freiner

(b) Address 211 Nellie

17. (a) burial (b) Date thereof 6-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) JUN 16 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 211 Nellie (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1941 hour 2 minute 45P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to June 12, 1941  
that I last saw her alive on June 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis  
Chronic nephritis

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

Due to 1318

Other conditions (Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

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? \_\_\_\_\_

707 (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)  
Address 3109 S. Grand Blvd Date signed 6/24/41

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 *Oliver E. Fuller*

Licensed Embalmer No. *4488*

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.**