No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25995

State File No. ____

Registration District No. 757 | Primary Registration District No. 3036 | Registrar's No. 113

1. PLACE OF DEATH:
(a) County: St Charles
(b) City or town: St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 900 Perry St.
(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: St Charles 92
(c) City or town: St Charles 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 900 Perry Street 3
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: EDWARD BRUCE FREED

3. (b) If veteran, name war: —

3. (c) Social Security No.: NONE

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Dena Schamma

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: November (Month) 12th (Day) 1878 (Year)

8. AGE: Years 62 | Months 7 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Howard County (City, town, or county) / Indiana (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: ____

FATHER
12. Name: John Henry Freed
13. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Walter Freed
(b) Address: St. Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Hellmann-Bauer
(b) Address: 326 N 6th St St Charles Mo

19. (a) 6-17-41 (Date received local registrar) (b) Clarence B. Wessler (Registrar's signature)
677

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 15
year: 1941 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from April 10, 1941, to June 15, 1941; that I last saw h~~e~~ ~~she~~ alive on June 15, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	4 yrs.
Due to: Chronic Myocarditis	4 yrs.
Due to: 93 d	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: ____
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? (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Vincent A. Schumann (M. D. or other) MD
Address: St Charles Mo Date signed: 6/16/41

(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 Arthur C. Bass

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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