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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26201

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 300

Registrar's No. 1564

305

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

1. PLACE OF DEATH: St. Louis.  
 (a) County. St. Louis.  
 (b) City or town. Afton.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Miller Nurseing Home.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Emma Freivogel.  
 3. (b) If veteran, name war NO. 3. (c) Social Security No. None.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed?  
 6. (b) Name of husband or wife. Late Philip Freivogel. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased. 7-24- (Month) 1860 (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 0 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework.

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

MOTHER FATHER { 12. Name Unknown Schnellbacher  
 13. Birthplace Unknown. (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown.  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iola Overbeck  
 (b) Address 9058 Rosemary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-41 (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
 (b) Address 2223 St. Louis Ave.

19. (a) JUL 28 1941 (Date received) (b) J. M. Meredith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri. (b) County 000  
 (c) City or town St. Louis. (If outside city or town limits, write "RURAL") 17  
 (d) Street No. 8149 Gravois. (If rural, give location) 4  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
 year 1941 hour 2:07 P. Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 27, 1941  
6-27- 1941, to July 24, 1941;  
 that I last saw her alive on July 24th, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs  
Senile debility Arteriosclerosis  
 Due to Position could not stand or sit up. Senility  
 Due to Age  
 Other conditions Very emaciated  
 (Include pregnancy within 3 months of death)

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations No operation  
 Of autopsy No

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 \_\_\_\_\_

23. Signature J. M. Meredith (M. D. or other) M.D.  
 Address 1204 N. Kings Highway Date signed 7-25-41

Dr Meredith  
1259 N. Kingshighway  
Fo 0047

**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.....

*Homer L. Ponder*

Licensed Embalmer No.....

*3367*

P. O. Address.....

*1223 St. Louis 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.**