

**AUG 25 1941**

Registration District No. 101

Primary Registration District No. 200

Registrar's No. 1726

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6413 Grove Avenue  
(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

8. (a) PRINT FULL NAME Otto Frese

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 492-01-2125

4. Sex Male 5. Color or race Wh.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 28 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Electrician

11. Industry or business Hornbeck & Hardice Elec Co.

12. Name Ludwig Frese

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

14. Maiden name Wilhelmina Lehn

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

16. (a) Informant Mrs. Mary Jones (Sister)

(b) Address 6413 Grove Avenue

17. (a) Burial (b) Date thereof 8/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Maeger-Town-Ind, Inc

(b) Address 3402 No. Kingshighway

19. (a) 8-18-41 (b) E. M. Dawson MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6413 Grove Avenue  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th  
year 1941 hour Three minute 49 P. M.

21. I hereby certify that I attended the deceased from August 15, 1941, to August 16, 1941, that I last saw him alive on August 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 3 days

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

28. Signature Henry C. Westerman M. D.

Address 2736 East Grand Blvd Date signed 8-18-41

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

006

AUG 22 1944

**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 Ray W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

**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, above space should be left blank.**