

23335
No. 2
-1-4-41
5-17-39
X26390

JAN 24 1942

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4725 Goethe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Frey

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Frey
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 26 yr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John Frey

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

14. Maiden name Unknown

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

16. (a) Informant Elizabeth Frey

(b) Address 4725 Goethe

17. (a) Burial (b) Date thereof 1/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Delmar Schuller Co.
(b) Address 3013 Meramec

19. (a) DEC 31 1941 (b) J. P. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29,
year 1941 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 21, 1941 to December 29, 1941

that I last saw him alive on December 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema
Due to Hypertensive Heart Disease
No pneumonia
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. V. Mullett (M. D. Registrar)
Address 1515 Lafayette Avenue Date signed 12/30/41

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

STATEMENT BY LICENSED EMBALMER

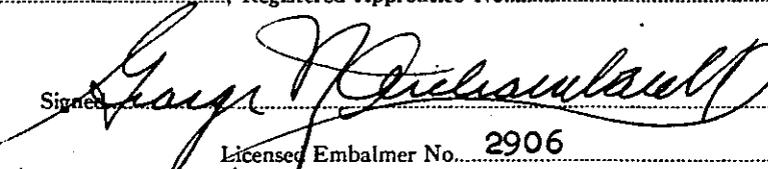
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed



.....

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.