V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 915

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 919

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4488 Penrose St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No. 4488 Penrose St. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Freda L. Stout

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Not mentioned

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

7. Birth date of deceased March 3, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	10	25	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Charles Link
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Mangold
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr Robert A. Thompson
(b) Address 4488 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th
year 1942 hour 9:45 minute a. M.

21. I hereby certify that I attended the deceased ~~from~~ for 7 years
, 19 , to , 19 ;
that I last saw her alive on 1-28- , 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Chr. Myocarditis

Due to

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

Major findings:
Of operations —

Of autopsy —

Duration

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 Harvey E. Altheide (M. D. or other) MD
Address 4104 a St. Louis Av. Date signed 1-28-42

(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. Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address. St. Louis, Ind

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.