

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from apr 7 1942 to apr 7 1942
that I last saw him alive on apr 7
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy Duration 1 wk

Due to _____
Due to Ch. Hypertension Duration 1 yr

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? _____

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

23. Signature A M Frank (M. D. or other)
Address 2651 Grand Ave Date signed 4/6/42

3. (a) PRINT FULL NAME Charles Freyremark

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 Katherine Johannes Freyremark 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 2 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Upholsterer

11. Industry or business _____

12. Name Julius Freyremark

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

14. Maiden name Amelia Braun

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

16. (a) Informant Katherine Freyremark

(b) Address Anita Lane, Mehlville, Mo.

17. (a) Burial (b) Date thereof 4/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.

(b) Address 1936 St. Louis Avenue

19. (a) ADD 7 1942 (b) J. F. Gredeek
(Date received local registrar's certificate) (Registrar's signature)

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

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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

Felix J. Krispin

Licensed Embalmer No.

3497

P. O. Address

1936 St. Louis

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.