

No. 2
-1-4-41
5-17-39
K28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

12622

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAY 19 1942 791

4048

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3165 Ivanhoe Ave.
(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 David E. Frey
3. (b) If veteran, name war None
3. (c) Social Security No. 701-07-2154

4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Frey
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 1st 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 4 If less than one day
hr. min.

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

10. Usual occupation Locomotive Engineer

11. Industry or business Frisco R.R.

MOTHER FATHER { 12. Name Emil Frey
13. Birthplace Alsace-Lorraine (City, town, or county) (State or foreign country)
14. Maiden name Mary Reinstein
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Frey
(b) Address 3165 Ivanhoe Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-42
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 3 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3165 Ivanhoe Ave. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1942 hour 7:20 minute P.M. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Myocardial Infarction
Chronic Arteriosclerosis
Due to.....

Due to.....
131

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

Major findings:
Of operations.....

Of autopsy.....
131
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 3

23. Signature Albert Perry (M. D. or other)
Address Date signed 5/7/42

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

822 (Licensed Embalmer's Statement on Reverse Side)

MAR 29 1943

Elc 7800

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 *Reinhold A. Lohman*

Licensed Embalmer No. *3395*

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, fact should be so stated above.