

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether)

In this community Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1512 Agnes St.
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Freyer

3. (b) If veteran, name war None

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased January 12, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day.
<u>60</u>	<u>5</u>	<u>7</u>	hr. min.

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

10. Usual occupation Sheet metal worker

11. Industry or business.....

MOTHER FATHER

12. Name Albert Freyer

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

14. Maiden name Mary Radke

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

16. (a) Informant Miss Mayme A. Freyer

(b) Address 1512 Agnes St.

17. (a) Burial (b) Date thereof 6/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 20 1942 (Date received local registrar)
J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1942 hour 10:15AM minute M.

21. I hereby certify that I attended the deceased from January 16th
1942 to June 18th 1942
that I last saw him in alive on June 18
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Endocarditis

Due to Chronic Bronchial Asthma

Other conditions Gastrointestinal disorders
(Include pregnancy within 3 months of death)
due to poor digestion

Major findings:
Of operations.....

Of autopsy.....

Duration
5 hrs
5 "
4 "
"
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).....

(a) Means of injury.....

23. Signature W. J. Taylor (M. D. or other)
Address 4244 N. Constant Date signed.....

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

000
17
9

000
26
17
9

28

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 William G. Burkholder
Licensed Embalmer No. 2110
P. O. Address St. Louis Mo

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.