V. S. No. 2
50M—5-42
Rev. 5-17-39
E I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

264

State File No. 1003

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 204

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
In this community 84 yrs.1 mo. 8 ds. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 6

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4201 Lee Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAX M. FREY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased November (Month) 30, (Day) 1858 (Year)

8. AGE: Years 84 | Months 1 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business unknown

MOTHER FATHER

12. Name unknown

13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Mabel Barklage,

(b) Address 4201 Lee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) JAN 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7. year 1943 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 12-28-42, 19..., to 1-7-43, 19...; that I last saw h. 1m alive on 1-7-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	7 ds. x
Due to	
Due to 107	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	20 ds. x

Major findings:
Of operations
Of autopsy No

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 Stanley L. Nejnes (M. D. or other) M.D.

Address 5400 Arsenal St. Date signed 1/7/43

(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. G. W. Wilkinson

Licensed Embalmer No. 3575

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.