

**FILED JUN 14 1943**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5248**

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

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:  
6150 Kingsbury  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **5248**

(a) State Missouri (b) County St. Louis **100**

(c) City or town St. Louis **12**  
(If outside city or town limits, write "RURAL") **5**

(d) Street No. 6150 Kingsbury  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Freed

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, married

6. (b) Name of husband or wife Bertha L. Freed 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 2 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| <u>71</u> | <u>4</u> | <u>4</u> | _____ hr. _____ min. |
|-----------|----------|----------|----------------------|

9. Birthplace Trenton Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Julius Freed

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

14. Maiden name Henrietta Cohen

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

16. (a) Informant Raymond M. Freed

(b) Address 6150 Kingsbury

17. (a) Burial (b) Date thereof 6-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director H. Rindskopf  
5216 Delmar

(b) Address 5216 Delmar

19. (a) JUN 7 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1943 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from May 1, 1943 to June 6, 1943  
that I last saw him alive on June 6, 1943  
and that death occurred on the date and hour stated above.

| Immediate cause of death  | Duration      |
|---|---------------|
| <u>Chronic myocarditis</u>  | <u>1 yr.</u>  |
| <u>Due to General arteriosclerosis</u>                              | <u>3 yrs.</u> |
| Due to _____  | _____         |
| 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 Anthony B. Day (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Blvd. Date signed 6-7-43

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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..... *C. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *5216 Delmar*.....

**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.**