

FILED DEC 22 1943
Registration District No. 398

Primary Registration District No. 1003

Registrar's No. 11026

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:
2849 CHIPPEWA / ST.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 924
(d) Street No. 2849 CHIPPEWA ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

John FREUND.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RICKA FREUND 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased AUGUST 18 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation PRESIDENT

11. Industry or business REITZ PRINTING Co.

12. Name FREDRICK FREUND

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

14. Maiden name CATHERINE KLING.

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

16. (a) Informant Mrs. RICKA FREUND.

(b) Address 2849 CHIPPEWA ST.

17. (a) BURIAL (b) Date thereof DEC. 14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEIN PICKERS CEM.

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 LA FAYETTE AV.

19. (a) DEC 13 1943 (b) J. F. Budeck
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Chronic Myocarditis
Due to _____
Due to 1/31

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Alfred J. Perry (M. D. or other) 003

Address Deputy Coroner Date signed 12/13/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Joe B. Vollmer

Licensed Embalmer No. *4014*

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.