

FILED DEC 22 1943

Registration District No. **918**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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:
2515 S. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME: Jonas Freund

3. (b) If veteran, name war none 3. (c) Social Security No. 493-09-9768

4. Sex male 5. Color or race white 6. (a) Single, married, divorced, married

6. (b) Name of husband or wife Marion Ripper Freund 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 23, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 16 hr. min.

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

10. Usual occupation Realestate

11. Industry or business _____

MOTHER FATHER { 12. Name Sigmund E. Freund

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

14. Maiden name Elena Pfeiffer

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

16. (a) Informant Marion Freund

(b) Address 2515 S. Kingshighway

17. (a) Burial (b) Date thereof 12/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Maye

(b) Address 4356 Lindell Blvd

19. (a) DEC 11 1943 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 917
(d) Street No. 2515 S. Kingshighway (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1943 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from May 1940 to Dec 10 1943, that I last saw him alive on Nov 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 hr.

Due to Arteriosclerosis
mitral insufficiency

Other conditions mitral insufficiency 30420
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature N. M. Freund (M. D. or other) _____
Address 3115 S Grand Date signed 12/10/43

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

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

Albert G. Koffe

Licensed Embalmer No. *2971*

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.