V. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43694

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2931

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town BLACK JACK MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BLACK JACK / MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 3 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town BLACK JACK MO.
(If outside city or town limits, write "RURAL")

(d) Street No. FLORISSANT STATION R 1
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUISE FREVERT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife HERMAN FREVERT

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

7. Birth date of deceased July (Month) 3 (Day) 1872 (Year)

8. AGE: Years 71 Months 5 Days 21 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name GEORGE BURKE
13. Birthplace UN KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ANNA BERCICKER
15. Birthplace WARRENTON (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant Mary Nolte
(b) Address Black Jack Mo.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC. 28-1943 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Friedrich Funeral House
(b) Address 8319 Halls Ferry Rd.

19. (a) DEC 28 1943 (Date received local registrar) (b) C. H. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec 20, 1943 to Dec 25, 1943
that I last saw her alive on Dec 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial insufficiency	1 wk
Due to Chronic myocarditis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy G 3d

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 Jules N. Kopp 0 (M. D. or other) M.D.
Address 4500 Olive Date signed 12/26/43

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(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.....

Licensed Embalmer No.....3971.....

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.