

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED DEC 12 1945
Registration District No. **318**

Primary Registration District No. **1003**

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:
Lutheran Hospital
(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 Franklin **36**

(c) City or town Beaufort
(If outside city or town limits, write "RURAL") **INK**

(d) Street No. _____ (If rural, give location) **1**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Infant Freund

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1945 hour 11 minute 03 P. M.

21. I hereby certify that I attended the deceased from Nov 30
_____, 1945, to Nov 30, 1945;
that I last saw him alive on Nov 30, 1945,
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 30 1945
(Month) (Day) (Year)

Immediate cause of death _____
Pneumonia 32 wks gestation.

Due to Partial asphyxia foetalis.

Due to _____

Other conditions Pregnancy 32 wks gestation
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Alfred T. Freund

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

14. Maiden name Frieda Hempelmann

15. Birthplace Rosebud Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred T. Freund

(b) Address Beaufort, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-45
(Month) (Day) (Year)

(c) Place: burial or cremation Beaufort, Missouri

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 J. F. Bredsek (M. D. or other) **no**

Address 2200 E. 1st St. Beaufort Date signed 12/1/45

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 1 1945 (Date received final registry) J. F. Bredsek (Registrar's signature)

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NO EMBALM

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.....

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.