

No. 2  
1-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7448**

**FILED FEB 20 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1297**

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:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether  
In this community 23 years  
years, months or days)

3. (a) PRINT FULL NAME FREHLAND, MARGUERITE A.

3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased August 13 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 5 22 - - - - hr. - - min.

9. Birthplace Jonesboro Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Typist-Clerk

11. Industry or business St. Louis Ordnance Depot

MOTHER FATHER { 12. Name Paul Frehland  
13. Birthplace Berlin Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Lula Bagby  
15. Birthplace Morganfield Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant William P. Frehland  
(b) Address 4042 S. Spring

17. (a) Burial (b) Date thereof 2-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F.H., Inc.  
(b) Address 1936 St. Louis Ave.

19. (a) FEB 20 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3911 S. Grand  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4  
year 1946 hour 10 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Dec 15, 1945  
to Feb 4, 1946  
that I last saw her alive on Feb 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast, right, with general metastases. Duration 1 1/2 yrs.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Breast  
Of autopsy Carcinoma of breast, right with general metastases.  
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 Cecil J. Aber (M. D. or other) MO  
Address St. Luke's Hospital, St. Louis Date signed 2/5/46

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

6330

---

---

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No..... *3737*

P. O. Address..... *936 N. Fours Ave*

**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.**