

FILED 308 20 1946

1003

4971

Registration District No.

Primary Registration District No.

Registrar's No.

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:
2906 Mt. Pleasant /
(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)

3. (a) PRINT FULL NAME Bartholomew L. Freihaut,

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

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 August 19, 1885.
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 13 If less than one day
hr. min.

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

10. Usual occupation Teuscher Pulley & Belting Co.

11. Industry or business Teuscher Pulley & Belting Co.

12. Name Bartholomew Freihaut,

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

14. Maiden name Helena Mees,
(City, town, or county) (State or foreign country)

15. Birthplace Lebanon, Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Freihaut,

(b) Address 2906 Mt. Pleasant Ave.,

17. (a) Burial, (b) Date thereof June 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.

19. (a) JUN 3 1946 (b) J. F. Rudbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
(c) City or town St. Louis, 18-17
(If outside city or town limits, write "RURAL")
(d) Street No. 2906 Mt. Pleasant,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1946 hour 6: minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 19
1936 to July 2 1946
that I last saw him alive on May 3 1946 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 4 months

Due to Coronary artery disease
1st attack of coronary thrombosis 1936

Due to.....

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

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) (e) Means of injury 0

23. Signature Daniel B. Grant (M. D. or other)

Address 114 N. Taylor Date signed 6/3/46

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..... me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Benz
Licensed Embalmer No. 4249

2842 Meramec St.,
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.