

FILED DEC 23 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10774**

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:
724 N. Taylor Ave.,
(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 **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6112A Bartmer Ave.,**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Loyd H. Frey.**
3. (b) If veteran, name war **No**
3. (c) Social Security **350-07-5092.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **14**
year **1946** hour **1** minute **50 P.** M.
21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
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 **Married**
6. (b) Name of husband or wife **Dorris Frey**
6. (c) Age of husband or wife if alive **?** years
7. Birth date of deceased **Sept. 27, 1902.**
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	44	2	18 hr. min.

Duration
.....

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Baker**
11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....

12. Name **Anton Frey**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Onie Gough**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant **Vern Frey**
(b) Address **9600 Litzsinger Rd.**
17. (a) **Burial** (b) Date thereof **Dec. 17/46.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

23. Signature **Robert E. Taylor** (M. D. or other)
Address **Deputy Coroner** Date signed **12-16-46**

18. (a) Signature of funeral director **Jos. W. Clark**
(b) Address **1125 Hodiament Ave.,**
19. (a) **DEC 16 1946** (b) **J. P. Bredich**
(Date received local registrar) (Registrar's signature)

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

2
43
-39
336671

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament 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.