

S. No. 2
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5-17-39
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FILED MAR 14 1947 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Joseph W. Frese

3. (b) If veteran, name war _____

3. (c) Social Security 494-09-6144

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna Frese

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 9, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 59 | 7 | 23 | hr. min. |
|----|---|----|----------|

9. Birthplace: Quincy, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation watchman

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Frese

{ 13. Birthplace Quincy, Ill
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eliz. Bohne

{ 15. Birthplace Quincy Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Frese

(b) Address 3024 Abner Place

17. (a) burial (b) Date thereof Mar. 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan's

(b) Address 2849 No. Euclid

19. (a) MAR 4 1947 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3024 Abner Place
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1947 hour 2 minute a M.

21. I hereby certify that I attended the deceased from January 1
1947 to March 2 1947
that I last saw him alive on March 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to arteriosclerosis of heart & brain
pulmonary emphysema

Due to aneurysm of aorta

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Robert J. Cook (M. D. or other) MD

Address Jewish Hospital Date signed 3-2-47

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.....

Robert L. Pinkman

Licensed Embalmer No. 3553

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.