No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40924

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1502

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 423 Main St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 423 Main (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME M. Lena Freydig

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Freydig

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

7. Birth date of deceased February (Month) 24 (Day) 1878 (Year)

8. AGE: Years 69 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Boltigen (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Cook

11. Industry or business Mo. Methodist Hospital

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Ueltschi
15. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant M. E. Riemer

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 12-26-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour Seven minute 10 A

21. I hereby certify that I attended the deceased from Sept 10th 1947 to December 21 1947 that I last saw her alive on December 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease

Due to

Due to

Other conditions Elarged liver incipient cancer of Stomach (Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? Means of injury 0

23. Signature M E Riemer (M. D. ~~or other~~)

Address 423 Main St. Date signed 12/22/47

St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Wm. Spalding, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, 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.