S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1948

Registration District No. 305

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5908

Primary Registration District No. 6047

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

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

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

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

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92

(c) City or town Josephville Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Quirke Township 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Louis Anthony Freymuth

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 Married

6. (b) Name of husband or wife Stella A. Freymuth

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov (Month) 17 (Day) 1873 (Year)

8. AGE: Years 74 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Josephville (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Adolph Freymuth 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary G. Brass
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Stella A. Freymuth

(b) Address Josephville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 18 (Day) 48 (Year)

(c) Place: burial or cremation Josephville

18. (a) Signature of funeral director [signature]

(b) Address Wentzville Mo

19. (a) 2-21-48 (Date received local registrar) (b) Mrs Jess Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from March 23, 1946 to Feb 14, 1948 that I last saw him alive on February 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 2

23. Signature W. E. Bargeser (M. D. or other) D.O.

Address Wentzville, Mo Date signed 2/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 1 1948

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 P E Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville 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.