

FILED MAR 3 1948
Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County..... St Louis

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

(c) Name of hospital or institution..... 9766 Antonia Dr. /
(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..... 96

(c) City or town..... Affton 0
(If outside city or town limits, write "RURAL")

(d) Street No..... 9766 Antonia 0
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Fritz R Freiburghaus

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex..... M O 5. Color or race..... W 6. (a) Single, widowed, married, divorced..... W 2

6. (b) Name of husband or wife..... Marie 6. (c) Age of husband or wife if alive..... 1864 years

7. Birth date of deceased..... Mar 13 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	11	8	hr. min.

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

10. Usual occupation..... Cabinet Maker

11. Industry or business.....

12. Name..... Frederick Freiburghaus

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Richard Freiburghaus

(b) Address..... 9766 Antonia Dr.

17. (a) Burial (b) Date thereof..... 2/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St Clair Memorial Park

18. (a) Signature of funeral director..... J L Ziegenhein & Sons

(b) Address..... 2027 Gravois

19. (a) 2-23-48 (b) Cecil G. Washburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb day..... 21
year..... 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... May 12 1948
..... 1944 to..... Feb 21 1948
that I last saw him alive on..... Feb 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Versus (strangled
causing intestinal obstruction
Due to Arterio Sclerosis
Bronchitis Chronic
1220

Duration
3 days
8 yrs
10 yrs

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

PHYSICIAN
Underline the cause of which death should be charged statistically.

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... Walter L. Kelly (M. D. or other)
Address..... 9915 Gravois Affton Date signed..... 2/23/48

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

MOTHER, FATHER

MAR 3 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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7027 Gravois

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.