

No. 300
-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17574
State File No. _____
Registrar's No. **4740**

Registration District No. **918**

Primary Registration District No. **1003**

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

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3: (a) PRINT FULL NAME James Francis Freesmeier

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug. 9th 1931
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>16</u>	<u>9</u>	<u>13</u>	hr.	min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER, FATHER

12. Name Frank Freesmeier

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ryan

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Freesmeier

(b) Address 6332 Emma Ave.

17. (a) Burial (b) Date thereof 5-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAY 23 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County La. Sal.

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

(d) Street No. 6332 Emma Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1948 hour 10:05 minute XX A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Sodium Pentothol Anesthesia Lung Abscess; Foreign body in bronchus; While undergoing the removal of screw from lung; at Alexian Bros Hospital, on May 22, 1948, about 10:05 A.M.

ACCIDENT.

Due to _____

Other conditions 1975
(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) ACCIDENT

(b) Date of occurrence 5-22-1948

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? No (Specify type of place) _____

(e) Means of injury see above

23. Signature J. F. Bredack (M.D. or other) _____
Address 1300 Olive St Day signed _____

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Tuleville

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.