

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14430

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6026 Registrar's No. 651

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

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Baden Station) c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baden Station	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bellefontaine Rd. / R. R. # 4		d. STREET ADDRESS (If rural, give location) Bellefontaine Rd. R. R. # 4	

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) J. c. (Last) Frey	4. DATE OF DEATH (Month) (Day) (Year) March 15, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 12, 1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agt.	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Jacob J. Frey	13b. MOTHER'S MAIDEN NAME Henrietta Hall	14. NAME OF HUSBAND OR WIFE Lucille Frey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Lucille Frey ADDRESS R. R. # 4 Baden Station
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Bulbar Paralysis)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 331X DUE TO (c) 4. 5		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolus 830			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2-24, 1949, to 3-14, 1949, that I last saw the deceased alive on 3-14, 1949, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lois A. Knight M.D.	23b. ADDRESS 8201 N Broadway St. Louis 15	23c. DATE SIGNED 3/15/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-49	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 3/16/49	REGISTRAR'S SIGNATURE Thurid W. L...	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. ADDRESS 2161 E. Fair Av
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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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed Glen W. Hat

Signed
Student Embalmer

Licensed Embalmer No. 3739

P. O. Address 2161 E. Fowler

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.