

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18185

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4479**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4222 Beethoven Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>4222 Beethoven Ave.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>HENRY</b>	b. (Middle)	c. (Last) <b>FREY</b>	(Month) <b>May</b>	(Day) <b>19</b>	(Year) <b>1950</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 12, 1871</b>	9. AGE (In years last birthday) <b>78</b>	10. KIND OF BUSINESS OR INDUSTRY <b>Laborer (Retired 5 Years)</b>	11. BIRTHPLACE (State or foreign country) <b>Mascoutah, Ill.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Jacob Frey</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ackermann</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Peter J. Speck</b>	ADDRESS <b>4222 Beethoven Ave.</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarctus coronarius</b>		<b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Coronary thrombosis (supp. report)</b>		<b>6 hrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from **2-10-48**, to **5-19-50**, that I last saw the deceased alive on **5-9-50**, and that death occurred at **3:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>15235 Kings Highway</b>	23c. DATE SIGNED <b>5/19/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>	24b. DATE <b>5-22-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mascoutah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mascoutah, Ill.</b>
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DATE REC'D BY LOCAL <b>MAY 19 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kings Highway Bl.</b>
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*White*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Richard H. Stovesand*

Licensed Embalmer No. *4007*

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.