

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21523

FILED JUN 17 1950

State File No.

5023

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 10 Days		d. STREET ADDRESS (If rural, give location) 5237 Nottingham Av.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine		b. (Middle)	
c. (Last) Freitag		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 22, 1876
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Heitzler		13b. MOTHER'S MAIDEN NAME Magdalena Mueller	
14. NAME OF HUSBAND OR WIFE John W. Freitag			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sybilla Stauder		ADDRESS 5237 Nottingham	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Anomorphia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Gall Bladder Disease			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 12/19/49		19b. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5857	

22. I hereby certify that I attended the deceased from **Aug 19 49** to **June 6, 1950**, that I last saw the deceased alive on **June 3, 1950**, and that death occurred at **6:10 a.m.** (from the causes and on the date stated above).

23a. SIGNATURE (Degree or title) S. Stauder M.D.		23b. ADDRESS 1504 S. Grand		23c. DATE SIGNED 6/9/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 9, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					

DATE REC'D BY LOCAL REG. JUN 7 1950		REGISTRAR'S SIGNATURE J B Fanta		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	
				ADDRESS 2842 Meramec St.	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo. (18)

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

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, 18 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.