No. 300
10.48

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24587

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5840

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 68

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood 4683

d. STREET ADDRESS (If rural, give location) 214 Peeke Ave 1

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Freiermuth

4. DATE OF DEATH (Month) (Day) (Year) June 29 1951

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH April 17 1875
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 2 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Musician~~ Musician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME Fritz Freiermuth
13b. MOTHER'S MAIDEN NAME Rebecca Klinmann
14. NAME OF HUSBAND OR WIFE Elizabeth Freiermuth

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. 499-12-1141
17. INFORMANT'S SIGNATURE OR NAME Harvey Freiermuth ADDRESS 214 Peeke Ave.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH 6 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 204.1

22. *I hereby certify that I attended the deceased from* April 24, 1951, *to* June 28 1951, *that I last saw the deceased alive on* May 25, 1951, *and that death occurred at* 2 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. B. Gerbrich 0 (Degree or title) M. D.
23b. ADDRESS 19 E. Lockwood Ave
23c. DATE SIGNED 6/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE July 2 '51
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) Kirkwood Mo. (State)

DATE REC'D BY LOCAL REG. JUN 29 1951
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger Kirkwood ADDRESS 22 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed William H. Pottinger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, Mo

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

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