

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24588

FILED AUG 7 1951

State File No.....

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6666					
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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2139					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Hospital				f. STREET ADDRESS (If rural, give location) 5100 Arsenal							
3. NAME OF DECEASED (Type or Print), MARY			a. (First)		b. (Middle)		c. (Last) FREUDE				
4. DATE OF DEATH (Month) (Day) (Year) July 24, 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 10, 1862			
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) Indiana				12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME John Becker			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Andrew H. Freude D.C.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jacob Freude				ADDRESS 6245 St. Louis Ave.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. x			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) Arterio Sclerotic Heart Disease							
				DUE TO (c) Senility							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200							
22. I hereby certify that I attended the deceased from Jan. 1, 1951 , to July 24, 1951 , what I last saw the deceased alive on July 24, 1951 , and that death occurred at 1:30p m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Dr. Mary-Jean Murphy				23b. ADDRESS 5100 Arsenal St.				23c. DATE SIGNED 7/24/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 27/51.		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.,		24d. LOCATION (City, town, or county) (State) Wilhelmine, Mo.					
DATE REC'D BY LOCAL REG. OFFICE JUL 26 1951		REGISTRAR'S SIGNATURE J. B. Faseler		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark						ADDRESS 1125 Hodiament Ave.,	

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John J. Haines

Signed.....
Student Embalmer

Licensed Embalmer No. *4608*

P. O. Address *St. Louis 21 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.