

FILED FEB 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2802  
Registrar's No. 0927

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 3505 1/2 So. Spring Av.	
3. NAME OF DECEASED (Type or Print) MATE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1952
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 10, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (State or foreign country) MATTOON, ILLINOIS	
13a. FATHER'S NAME WILLIAM WESLEY CALHOUN		14. NAME OF HUSBAND OR WIFE DANIEL A. FREUND JR.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		17. INFORMANT'S SIGNATURE OR NAME IDA MATE CARR	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF SIGMOID COLIX ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY INFARCTION DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PAPILLARY CYSTADENOMA OF RT. OVARY	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. HOW DID INJURY OCCUR? 1.53X	
22. I hereby certify that I attended the deceased from 1-25-52, 19__, to 1-28-52, 19__, that I last saw the deceased alive on 1-28-52, 19__, and that death occurred at 3:15P m., from the causes and on the date stated above.			
23a. SIGNATURE Victor B Kreffer MD		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 1-28-52		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	
24b. DATE Jan. 30, 1952		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE GEBKEN-BENZ MORTUARY	
DATE REC'D BY LOCAL REG. JAN 30 1952		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE GEBKEN-BENZ MORTUARY		ADDRESS 2842 MERAMEC ST.	

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4249

P. O. Address 2842 Mercedes St

**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.