

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22005

State File No.

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5159**

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4360 Clayton Ave. | | d. STREET ADDRESS (If rural, give location) 18 4360 Clayton Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) P. c. (Last) FREY | | 4. DATE OF DEATH (Month) (Day) (Year) June 4 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 27, 1888 |
| 9. AGE (In years last birthday) 64 | 10. UNDER 1 YEAR Months | 10. UNDER 24 HRS. Hours | 11. BIRTHPLACE (State or foreign country) U |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker | | 10b. KIND OF BUSINESS OR INDUSTRY Houser Con'g Co. | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Emil Frey | | 13b. MOTHER'S MAIDEN NAME Mary Reinstein | |
| 14. NAME OF HUSBAND OR WIFE Louise Frey | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Louise Frey | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 18. ADDRESS 4360 Clayton 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis 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 Brain | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21b. (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? 4201 | | 22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 600 P.M. , from the causes and on the date stated above. | |
| 23a. SIGNATURE Stallable Day The Police | | 23b. ADDRESS 13000 Clayton | |
| 23c. DATE SIGNED 6.5.52 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE June 7, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | |
| 25. ADDRESS 4228 S. Kingshighway Bl. | | DATE REC'D BY LOCAL REG. JUN 5 1952 | |

(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

E. M. A. Bennett

Licensed Embalmer No. 3024

P. O. Address _____

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.