

STANDARD CERTIFICATE OF DEATH

33227

State File No.

8123

Registrar's No.

No. 300
10.48

FILED SEP. 24. 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 5014 Fendler Pl		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 15 5014 Fendler pl	
3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) George c. (Last) Freese		4. DATE OF DEATH (Month) (Day) (Year) Aug 20 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1893
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter Metzger Co		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME August Freese		13b. MOTHER'S MAIDEN NAME Anna Roos	
14. NAME OF HUSBAND OR WIFE Estelle Freese		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. No		17. INFORMANT'S SIGNATURE OR NAME Estelle Freese 5014 Fendler Pl	
MEDICAL CERTIFICATION			
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) Carcinoma of the recto-sigmoid 4 mos ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION 5/20/53		19b. MAJOR FINDINGS OF OPERATION Ca of recto-sigmoid	
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) 154X	
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? _____			
22. I hereby certify that I attended the deceased from 4/10 1953 , to 8/20, 1953 that I last saw the deceased alive on 8/20, 1953 and that death occurred at 6A m., from the causes and on the date stated above.			
23a. SIGNATURE P. M. Schieb, M.D. (Degree or title)		23b. ADDRESS 13402 California	
23c. DATE SIGNED 8/20/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE 8/22/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St., Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	
DATE REC'D BY LOCAL REG. AUG 21 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
ADDRESS 3013 Meramec		_____	

S.P. (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 _____

Jack H. [unclear]

Licensed Embalmer No. _____

P. O. Address _____

45746
St. Louis

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.