

## STANDARD CERTIFICATE OF DEATH

State File No. ....

20489

5201

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis Mo.</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Jewish Hos'p</b>				e. STREET ADDRESS (If rural, give location) <b>220 N. Kingshighw ay</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Albert</b>		b. (Middle) <b>B. Freund</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>6 8 54</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>w.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 2, 1877</b>		9. AGE (In years last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Director</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Walter Freund Bread</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Simon Freund</b>			13b. MOTHER'S MAIDEN NAME <b>Pauline Schwartz</b>			14. NAME OF HUSBAND OR WIFE <b>Stella Mayer Freund</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-07-0907</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Albert Freund</b>		ADDRESS <b>220 N. Kingshighw ay</b>			
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) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, General</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>years</b>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>332X</b>					
22. I hereby certify that I attended the deceased from <b>June 7, 1954</b> to <b>June 8, 1954</b> , that I last saw the deceased alive on <b>June 8, 1954</b> , and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Herman M. Meyer M.D.</b>				23b. ADDRESS <b>4409 West Pine</b>		23c. DATE SIGNED <b>6/10/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>6/10/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 11 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mayer</b>		ADDRESS <b>4356 Lindell Blvd</b>			

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *Robert M. Murra*

Licensed Embalmer No. *3749*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**