

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26776

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5436 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL BOULWARE TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL BOULWARE TWP</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>6 mi. WEST OF SWISS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>6 mi. WEST OF SWISS</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>6 mi. WEST OF SWISS</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Theodore</b> b. (Middle) <b>Henry</b> c. (Last) <b>Freillmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 29 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>ACT-26-1886</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED RAILWAY LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILWAY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BERGER TWP MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>JOHN FREILLMANN</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE WISSMANN</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-74-5087</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs LOUISE KRACHT 4270 Mangella ST. LOUIS MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>DROWNING IN PRIVATE</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>POND NEAR HOME</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9298 42</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Pond near Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 37 (STATE) <b>BOULWARE TWP GASCONADE MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>JULY 29 1954 5<sup>00</sup></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>FELL ACCIDENTALLY INTO POND</b>

22. I hereby certify that I attended the deceased from ✓, 1954, to ✓, 1954, that I last saw the deceased alive on ✓, 1954, and that death occurred at ✓ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Margaret Blumberg CORONER</b>		23b. ADDRESS <b>HERMANN MA</b>		23c. DATE SIGNED <b>8/2/1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8/4/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S C. P. CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BERGER MO</b>		
DATE REC'D BY LOCAL REG. <b>8-3-54</b>	REGISTRAR'S SIGNATURE <b>Delma Herken 492</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul H. Blumberg Berger MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48370  
2

OCT 8 1954

SEP 1 1954

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

*August Hermann*

Licensed Embalmer No. 3160

P. O. Address *Herrmann 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.