

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25493**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1700**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY OR TOWN Richmond Heights | | c. CITY OR TOWN Spanish Lake | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 4 weeks | | e. STREET ADDRESS (If rural, give location) 11035 Bellefontaine Road | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | |

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| 3. NAME OF DECEASED a. (First) Mathilda b. (Middle) L c. (Last) Freebersyser | | | 4. DATE OF DEATH July 12, 1956 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH January 4, 1910 | 9. AGE (in years last birthday) 46 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME George Helgans | 13b. MOTHER'S MAIDEN NAME Mary Weimann | 14. NAME OF HUSBAND OR WIFE Andrew Freebersyser |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Andrew Freebersyser, 11035 Bellefontaine | ADDRESS 11035 Bellefontaine |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 yr |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Head Aneurysm DUE TO (c) None | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) None | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **1950**, 19____, to **July 12, 1956**, that I last saw the deceased alive on **July 12**, 19____, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE W. C. [Signature] | (Degree or title) MD | 23b. ADDRESS 4161 Lindell | 23c. DATE SIGNED 7/13/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 16, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cemetery | 24d. LOCATION (City, town, or county) (State) Black Jack, Missouri |
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| DATE REC'D BY LOCAL REG. 7-13-56 | REGISTRAR'S SIGNATURE Herbert R. Dombard | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Ave | ADDRESS 2161 E. Fair Ave |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

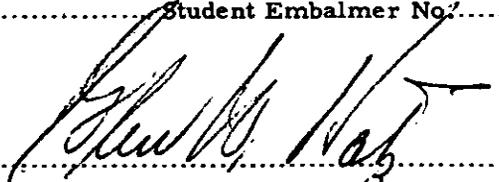
STATEMENT BY LICENSED EMBALMER

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
Signature of Student Embalmer

Signed


Licensed Embalmer No. 376

P. O. Address St. Louis Mo.

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.