

No. 300  
10.48

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18662**  
Registrar's No. **4709**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4709</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</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 type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 3444 Crittenden St.</b>				e. STREET ADDRESS (If rural, give location) <b>R167 3444 Crittenden St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>IRENE</b> b. (Middle) <b>FREDERICKA</b> c. (Last) <b>FREISE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-16-1957</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2-4-1894</b>	
9. AGE (In years last birthday) <b>63</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Edward H. Reidenstein</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Brunard</b>		14. NAME OF HUSBAND OR WIFE <b>William S. Freise</b>	
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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William S. Freise</b> ADDRESS <b>3444 Crittenden St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Complications</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Portal cirrhosis</b> DUE TO (c) <b>Rheumatoid Arthritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b> <b>5 yrs</b> <b>16 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>581.0</b>				20. AUTOPSY? <b>2</b> 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?			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>1952</b> <b>May</b> , 19 <b>1957</b> , that I last saw the deceased alive on <b>May 14<sup>th</sup></b> , 19 <b>1957</b> , and that death occurred at <b>12:5 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Theodore P. Sulist M.D.</b>				23b. ADDRESS <b>2000 S 68th way</b>		23c. DATE SIGNED <b>5/17/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-18-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>5239 West Florissant Ave Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 20 1957</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Ziegenheim</b>		ADDRESS <b>6409 G. Revels Ave</b>	
(Licensed Embalmer's Statement on Reverse Side)							

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

STATE

DEPARTMENT

OF HEALTH

CERTIFICATE

OF AN EMBALMER

NAME

RESIDENCE

EDUCATION

SEX

AGE

DATE

ISSUED

BY

OFFICE

NO.

ISSUED

DATE

EXPIRES

ON

AT

BY

NAME

OFFICE

### 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 *Jan M. Simon* .....  
Licensed Embalmer No. *434*

P. O. Address *St. Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

EV