Health, Welfare Public Service

300
1-56

Doctor, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33513

FILED OCT 14 1957

STATE FILE NUMBER 9112

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 18 Park Lane Hosp. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY
c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 3428 Missouri Ave., (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Bernard Middle C. Last Fresenburg,

4. DATE OF DEATH Month September Day 30 Year 1957

5. SEX Male.
6. COLOR OR RACE White.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 2, 1897
9. AGE (In years last birthday) 59 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) Postal Employee
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government,
11. BIRTHPLACE (City and state or country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore Fresenburg,
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Cecilia Fresenburg, 3428 Missouri,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute Coronary Thrombosis, Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 9/15/57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/15/57, to 9/30/57 and last saw ~~her~~ him alive on 9/30/57
Death occurred at ~~5:30 A.M.~~ 7:45 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leonard Molles, M.D.
22b. ADDRESS 505 University Club Bldg.
22c. DATE SIGNED 9/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,
23b. DATE 10/2/57
23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.
25. DATE REC'D BY LOCAL REG. SEP 30 57
26. REGISTRAR'S SIGNATURE Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... me ....., Student Embalmer No.....

working under my personal supervision.

Student ..... Signed ..... Joe B. Benz

Signature of Student Embalmer

Licensed Embalmer No. 4249

2842 Merame

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.