

James C. Stegerwald

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020401

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**
FILED JUN 7 1962

Primary Registration District No. **1003**

Registrar's No. **5350**

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 1 day	c. CITY OR TOWN E. Carondelet, ILL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #L Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edward Middle Thomas Last Frey	4. DATE OF DEATH Month 5 Day 26 Year 62
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-21-14	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Body & Fender	10b. KIND OF BUSINESS OR INDUSTRY B&B Motor Co	11. BIRTHPLACE (City and state or country) Lawrence Nebr.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Joseph Frey	13b. MOTHER'S MAIDEN NAME Anna Lienert	14. NAME OF HUSBAND OR WIFE Ethel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. <input type="checkbox"/>	17. INFORMANT Ethel Frey Address E. Carondelet, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) generalized Hodgkins disease DUE TO (b) 201X DUE TO (c) 201X		INTERVAL BETWEEN ONSET AND DEATH 9 years
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **5-26-62** to **5-26-62** and last saw him alive on **5-26-62**
Death occurred at **4:15** **P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C Stegerwald M.D.	22b. ADDRESS Firmin Desloge Hospital	22c. DATE SIGNED 5-28-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5/26/62	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	23d. LOCATION (City, town, or county) (State) Belleville Illinois
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24. FUNERAL DIRECTOR Harold A. Dashner ADDRESS Dupo, Illinois	25. DATE RECD. BY LOCAL REG. MAY 28 1962	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

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 *Harold A. Reesman*

Licensed Embalmer No. 4621

P. O. Address Wayo 2ll

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.