JUN 29 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16099

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 5998 — Registered No. 70

City St Charles (No. Remans Asylum St. 4 Ward)

2. FULL NAME Erna Friedrich

(a) Residence. No. Iowa City Iowa St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 — 1892

7. AGE: 35 Years, 2 Months, 14 Days. If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: non

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

PARENTS

10. NAME OF FATHER: Rev. J. A. Friedrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Huntington Indiana

12. MAIDEN NAME OF MOTHER: Bertha Schick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ft. Wayne Indiana

14. INFORMANT (Address): Rev. J. W. Frankenfeld St Charles Mo

15. FILED 5-6, 1927 Otto Beckmeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 — 1927

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1927, to May 7th, 1927, that I last saw h. ~~H~~ alive on May 7th, 1927, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

85 Status Epilepticus

78 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Idiopathic Epilepsy

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) A. P. Erich Schick, M. D

May 8, 1927 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lutheran Cemetery — DATE OF BURIAL: May 10 — 1927

20. UNDERTAKER: Steinbrinker Furn. Co — ADDRESS: St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Schulz