WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19756

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5476

City St Louis (No. 3933 Lexington St. ..... Ward)

2. FULL NAME Henry W Frehes, 10

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6th 1876

7. AGE: Years 51 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Yard Clerk 59
(b) General nature of industry, business, or establishment in which employed (or employer): Frisco R.R.
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Henry Frehes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Elizabeth Frehes
(Address) 3933 Lexington Av

15. FILED JUN 14 1927 19.. Max C Starkcoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to June 8, 1927 that I last saw him alive on 6/8, 1927, and that death occurred, on the date stated above, at 5 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Cerebral Hemorrhage
Instantaneous (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Diabetes
Mellitus (duration) ..... yrs. 8 mos. ..... ds.

57

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? .....

(Signed) O C Raines, M.D.

6/13, 1927 (Address) 320 Metropolitan bldg

*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: Mount Carmel, E. St Louis Ill. DATE OF BURIAL: 6-15 1927

20. UNDERTAKER: Arthur J Donnelly ADDRESS: 2039 Wash 4

Dr C. C. Kaines

Mt Bedy

Jeff 5101

9-11