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.

25259

1. PLACE OF DEATH

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

Township: — Primary Registration District No.: 303 — Registered No.: 126

City: St Charles (No. St Josephs Hospital St. Ward)

2. FULL NAME Mary Freihoff

(a) Residence. No. 5862 Baltimore Ave St., Ward. St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward C. Freihoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31 - 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
52	7	10	

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

9. BIRTHPLACE (CITY OR TOWN): St Charles
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Henry Winkle
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: No History
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No History
(STATE OR COUNTRY):

14. INFORMANT: Edward C. Freihoff
(Address): 2829 N 19th St Louis

15. FILED 8-14, 1927 Otto Bockemeier, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1927, to August 11, 1927, that I last saw her alive on August 11, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilation
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis
Hypertension (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?

(Signed) Vincent A. Schneider, M.D.
, 19 (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: St Peters Cemetery — DATE OF BURIAL: Aug 11 1927

20. UNDERTAKER: W. Dallmeyer & Sons Co — ADDRESS: St Charles Mo