

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

Do not use this space.

8706

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 264 Plaza Drive)

File No. ....

Registered No. 2379

St. .... Ward)

**2. FULL NAME** ROSA FREUND

(a) Residence, No. 264 Plaza Drive St. 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
-------------------------	----------------------------------	--

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 19 29

17. I HEREBY CERTIFY That I attended deceased from Feb 13, 1929, to Feb 20, 1929 that I last saw him alive on Feb 20, 1929, and that death occurred, on the date stated above, at 9:30 p.m.

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>11</u>	<u>13</u>	<u>13</u>	<u>129</u>

Intestinal obstruction  
cause unknown

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

CONTRIBUTORY (SECONDARY) arterio sclerosis

18. WHERE WAS DISEASE CONTRIBUTED  
IF NOT AT PLACE OF DEATH: 1180 2

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

19. DID AN OPERATION PRECEDE DEATH? no DATE OF...  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Ernst Freund, M.D.  
2. 21, 19 29 (Address) Lister Building

10. NAME OF FATHER Joseph Buchmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pauline Schmitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Ernst Freund  
(Address) 264 Plaza Drive

\*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 Valhalla Crematory DATE OF BURIAL 2/22 1929

15. FILED 2 21 1929  
REGISTRAR W. C. Starkey

20. UNDERTAKER Mayer  
ADDRESS 4356 Lindell

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.

235  
10  
10  
10

