

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

Do not use this space.

13136

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)
St. _____ Ward)

File No. _____
Registered No. 3696

2. FULL NAME (Leo) Leo Freuning

(a) Residence No. 2639a (Usual place of abode) (If nonresident, give city or town and State)
Ward. _____

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED divorced

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

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

17. I HEREBY CERTIFY That I attended deceased from Jan 23, 1929 to March 24, 1929 that I last saw him alive on March 24, 1929 and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 1883

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 4 9

Pulmonary Tuberculosis
23 1/2

(duration) ? yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY)

(duration) ? yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

10. NAME OF FATHER Louis Mueller

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Anna Mueller

WHAT TEST CONFIRMED DIAGNOSIS R Berg

(Signed) _____ M. D.

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

3/25 1929 (Address) City Hospital

*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.

14. INFORMANT Leo Freuning (Address) City Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem DATE OF BURIAL March 27 1929

15. FILED 26 29 19 Leo Freuning REGISTRAR

20. UNDERTAKER E J Schirmer ADDRESS 3125 Lafayette Ave

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.

Filming