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

Do not use this space.

26166

File No. 7371

Registered No.

1. PLACE OF DEATH

County

Registration District No. 794

Township

Primary Registration District No. 1003

City St Louis (No. City Hospital St. Ward)

5599

2. FULL NAME Tom Freise

(a) Residence. No. 2337 Olive St. 21 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

3. SEX: Male

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 Catherine Freise

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

7. AGE: Years 46 | Months — | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Meat Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) Don't Know
(c) Name of employer —

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

PARENTS

10. NAME OF FATHER Frank Freise

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

12. MAIDEN NAME OF MOTHER Mary Altheimer

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

14. INFORMANT E. Rosen
(Address) City Hospital

15. FILED 15, 19 Mary C. Vankerkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to July 14, 1929, that I last saw him alive on July 14, 1929, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio-Pneumonia
109A
195B (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chr. Alcoholism
? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2337 Olive

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Ben Margulies M. D.

7/15, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus C. | DATE OF BURIAL July 17 1929

20. UNDERTAKER J. H. Gebhardt & Sons Co. | ADDRESS 2628 Gravois 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.

148

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