

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 7011
Primary Registration District No. 1003
No. 2130 Allen Ave

File No. 26412
Registered No. 7648
St. _____ Ward 6

2. FULL NAME

William Fresh
(a) Residence No. 2130² Allen Ave 213 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 Widower
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 5 22

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

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

10. NAME OF FATHER John Fresh

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

12. MAIDEN NAME OF MOTHER Christine Seibert

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

14. INFORMANT Lena Fresh
(Address) 211 30² Allen

15. FILED 19 May 10 Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1929, to July 22 1929 that I last saw him alive on July 2 1929, and that death occurred, on the date stated above, at 6:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Thrombosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) W. H. H. H.

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED W. H. H. H.

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Robt. Borgert M.D.

7/23 1929 (Address) 3537 W. Jefferson

*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 S. S. Peter & Pauls. DATE OF BURIAL July 24 1929

20. UNDERTAKER W. Schumacher ADDRESS 3013 Meramec

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.

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

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