

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

Do not use this space.

38362

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township St. Louis Primary Registration District No. 6248X
 City St. Louis (No. St. Mary's Hospital)
 File No. _____ Registered No. 288
 St. _____ Ward _____

2. FULL NAME

Elizabeth Fress
 (a) Residence. No. 2517 1/2 Sullivant 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/4/1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 | 2 | 11 | _____ hrs. or _____ min.

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

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

10. NAME OF FATHER William Fress

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

12. MAIDEN NAME OF MOTHER Louise Doppel

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

14. INFORMANT (Address) M. Fress
2517 1/2 N. Sullivant St.

15. FILED 11/18, 1929 B. L. Jernam
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 16 1929, to Nov 15 1929, and that I last saw him alive on Nov 15 1929, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture Appendix -
12:1 A
12? (duration) yrs. mos. 31 da.

CONTRIBUTORY (SECONDARY) Peritonitis (duration) yrs. mos. 31 da.

18. WHERE WAS DISEASE CONTRACTED? At home
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 16, 1929
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Nathan Bilsky, M. D.
 , 19 (Address) 3704 Shreve Ave.

*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 Cavalry Cemetery DATE OF BURIAL 11/19 1929

20. UNDERTAKER Meek and Dickman ADDRESS 3039 Bostwick

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.
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 244
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JUN 17 1949