

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

Do not use this space.

20733

~~20831~~

File No. ~~20831~~
Registered No. 5526
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3225 Potomac)

2. FULL NAME

Louise Friemel
(a) Residence No. 3225 Potomac St., 16 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 5

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) at Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Milwaukee
(STATE OR COUNTRY) Wis.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Otto G. Friemel
(Address) 3225 Potomac St

15. FILED May 1, 1930
REGISTRAR May C. Starkey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1930

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to June 6, 1930
the last saw alive on June 6, 1930 and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) about
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at Home

IF OTHER PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) Paul H. Kozelma, M. D.

6-6, 1930 (Address) 3507 Potomac St

*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 Sedalia, Mo. DATE OF BURIAL June 9 1930

20. UNDERTAKER Beetz Bros 3029 Lafayette Ave
ADDRESS _____

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.

RECORDING DEPARTMENT

Ka 4332

O.K.M.

315 St. Louis

Y. 2000

Wm. W. Brown

3. 1. 1900

3501 St. Louis

W. W. Kingman