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

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.

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

Do not use this space.

12054

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3309

City St. Louis (No. 201 Eichelberger ave St. ..... Ward)

2. FULL NAME Carolina Roegner Freiner

(a) Residence. No. 201 Eichelberger St. 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 - 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	10	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 235

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Hy. Kaufmann

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Henry Freiner
(Address) 201 Eichelberger ave

15. FILED MAR 16 1931 Max C. Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Mar 14, 1931, that I last saw her alive on Mar 14, 1931, and that death occurred, on the date stated above, at 5 50 P. m.

106A THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Acute non Tubercular

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 106A

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. O. T. Rawson, M. D.

Mar 15, 1931 (Address) 3525 N Grand Blvd

*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	DATE OF BURIAL
Sunset B. Park	March 17 1931
20. UNDERTAKER	**ADDRESS**
Wacker-Heldeke	2331 So. Bing