

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

Do not use this space.

2239

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785 File No. _____
 Township Bonhomme Primary Registration District No. 6031 Registered No. 9
 City _____ (No. 960 Big Bend Rd. & Liggett Avenue Ward)

2. FULL NAME George Henry Freise

(a) Residence. No. 960 Big Bend & Liggett Avenue Ward. _____ (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11th, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	5	7	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Barber 226
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri 1
 (STATE OR COUNTRY)

10. NAME OF FATHER Fred Freise

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany 10
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Glosewald

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

14. INFORMANT Alice Freise
 (Address) 960 Big Bend Rd. & Liggett Ave.

15. FILED 1/20, 1932 J. B. Barnett M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 19, 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis, Mo.
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Heart Autopsy
 (Signed) John B. Barnett M.D.
170 S. 1st St. (Address) St. Louis, Mo.

*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 Ave. DATE OF BURIAL Jan. 22, 1932

20. UNDERTAKER Wick Bros ADDRESS 2201 S. Grand

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.

FILED 25 1932

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