

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

Do not use this space.

✓ 10297

**1. PLACE OF DEATH**

County..... Registration District No. 791L  
Township..... Primary Registration District No. 14MB8  
City St. Louis (No. 38052, Fillmore Cir)

File No. ....  
Registered No. 2317  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 38052 Fillmore Cir (St. .... 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 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 Frederick W. Freese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91 8 35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Louis Gollschall  
38052 Fillmore Cir

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Mar. 11, 1932

19. UNDERTAKER (ADDRESS) Math. Hermann & Son  
31616 East Fairview

20. FILED 11 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1932, to Mar. 8, 1932

I last saw her alive on March 8, 1932. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis  
Chronic Myocarditis

Other contributory causes of importance: Senility

Name of operation None Date of .....  
What test confirmed diagnosis? Chemical & Physical Findings No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) George J. Giff, M. D.  
(Address) 3772 North Broadway

WHITE 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.

