

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

Do not use this space.

14242
File No.
Registered No. **3578**

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **3033**
City **St. Louis** (No. **City Hospital #1**) St. Ward)

2. FULL NAME

Charles Freeberger
(a) Residence, No. **4018 N. 20 St., 26** Ward.

Length of residence in city or town where death occurred **40** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Husband of Emma Freeberger</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 4, 1891</i>			
7. AGE	YEARS <i>40</i>	MONTHS <i>8</i>	DAYS <i>6</i>
		IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Insurance Salesman</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Western Southern Life Ins.</i>		
	10. Date deceased last worked at this occupation (month and year) <i>Apr 1932</i>		
		11. Total time (years) spent in this occupation <i>6 months</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>			
FATHER	13. NAME <i>Edward Freeberger</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>		
MOTHER	15. MAIDEN NAME <i>Antonie Schultz</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known Germany</i>		
17. INFORMANT <i>Mrs. Emma Freeberger</i> (ADDRESS) <i>4018 N. 20 St.</i>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <i>Friedens</i>		DATE <i>April 13, 1932</i>	
19. UNDERTAKER <i>Shedman & Son</i> (ADDRESS) <i>3934 N. 29 St.</i>			
20. FILED <i>JFK 12 1932</i> Registrar. <i>4/11/32</i>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 10, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *St. Louis, Mo.*

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *6:30 P. m.*

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

Gunshot wound of chest (self-inflicted) at residence.
Other contributory causes of importance: *suicide*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *suicide* Date of injury *Apr 10, 1932*

Where did injury occur? *St. Louis, Mo.*

(Specify city or town, county, and State)

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

Manner of injury *Gunshot wound of chest*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *J. W. Kermit, M.D.*

(Address) *Dep. Coroner*

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.

