

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

Do not use this space.

18030

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo (No. St. Paul Hospital)

File No.....  
Registered No. 5000  
St. .... Ward.....

**2. FULL NAME** Richard M. Frey  
(a) Residence, No. 5141 A Palm St St. 6 Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice M. Frey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5th 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman</u>	11. Total time (years) spent in this occupation <u>2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>182</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 21 1932</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland 26</u>		
MOTHER / FATHER	13. NAME <u>Richard Frey 0</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER / FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	17. INFORMANT <u>Alice M. Frey</u> (ADDRESS) <u>5141 A Palm St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>5/24/32</u>		
19. UNDERTAKER <u>Kingshichway Memorial Und. Co.</u> (ADDRESS) <u>1000 Kingshichway</u>		
20. FILED <u>MAY 24 1932</u> Registrar.		

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

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance 1932 at St. Louis Mo.

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:  
Shock & Injuries  
Fractured Skull  
Struck by auto while crossing the street  
VIO M St. Louis Mo.

Other contributory causes of importance: Accident

Name of operation 210 Date of 5/21/32

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide: St. Louis Mo. Date of injury 5-21, 1932  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Public Place  
Manner of injury Struck by auto  
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify J. W. Reeves (Signed) Rep. Coroner (Address)

