

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

Do not use this space.

24064

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Coronacrest Primary Registration District No. 6248 G
 City Apton (No. Apton Mo.) St. _____ Ward _____

2. FULL NAME Peter Frieb
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Apton Mo. (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.

File No. _____
 Registered No. 2419723
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 ✓ 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Hungary

FATHER 13. NAME Louis Frieb

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

MOTHER 15. MAIDEN NAME Widower

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

17. INFORMANT (ADDRESS) John Frieb Apton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Crematory DATE 7-20 19. 37

19. UNDERTAKER (ADDRESS) Ziegenhain Bros. 2242 N. Cherokee

20. FILED 7/19 19. 37 L. C. Obermeyer M.D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1930 to July 16 1932
 I last saw him alive on July 15 1932 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:
Toxic Myocarditis Date of onset 7/20/31
93A
97
162
 Other contributory causes of importance:
General Sclerosis 1
Senility

Name of operation None Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? 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? No
 If so, specify _____
 (Signed) Walter S. Gentry, M. D.
 (Address) Apton

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.

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

AUG 27 1932

