WRITE 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.

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

Do not use this space.

37212

File No. 9829

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 3941. Maffitt ave St. ..... Ward)

2. FULL NAME Elizabeth C. Frey

(a) Residence, No. ..... St., 11 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 W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 - 1857

7. AGE YEARS 75 MONTHS 7 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Ill

FATHER

13. NAME Charles L. Frey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Louise Schuster

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

17. INFORMANT (ADDRESS) Mrs. Susie Gastenhuber 3941. Maffitt ave

18. BURIAL, CREMATION, OR REMOVAL Ill

PLACE Mt. Teansboro DATE Nov 5 1932

19. UNDERTAKER (ADDRESS) Edw. F. Howard & Son 4212 St. Louis ave

20. FILED NOV -7 1932 19 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Nov 5, 1932

I last saw her alive on Nov 5, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Acute Dilatation of heart	11-5-32
106A	
95B / 06W	

Other contributory causes of importance:

Acute Bronchitis (1)	10-28-32

Name of operation None 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? ..... 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) John J. Kehoe, M. D.

(Address) 4145 St. Louis Ave.