

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1008**
City **St. Louis** (No. **5318**, **Claxton Ave**) St. _____ Ward _____

42227

File No. _____
Registered No. **11357**

2. FULL NAME

(a) Residence, No. **5318 Claxton Ave** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 7, 1861**
7. AGE YEARS **71** MONTHS **2** DAYS **12** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Butcher**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.** (STATE OR COUNTRY) **Mo.**

13. NAME **Peter Freiwogel**

14. BIRTHPLACE (CITY OR TOWN) **Milsford, Ill.** (STATE OR COUNTRY) **Ill.**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **10**

17. INFORMANT **Mrs. Emilie M. Freiwogel** (ADDRESS) **5318 Claxton Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. John's Park** DATE **Dec. 23**, 19**32**

19. UNDERTAKER **Math. Hermann & Son** (ADDRESS) **121 East Bell Ave**

20. FILED **DEC 21 1932** **Ray C. Starnes** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 19**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 1st**, 19**32** to **Dec**, 19**32**
I last saw him alive on **Dec 18**, 19**32** Death is said to have occurred on the date stated above, at **5⁰⁰ P. m.**

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

atrophic cirrhosis

Date of onset

Don't know

Other contributory causes of importance:

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? _____ 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) **Roland P. Merigoun M. D.**
(Address) **5330 Geraldine Ave**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

