

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

Do not use this space.

3213

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1002
City (No. 2019 E. Prairie Ave) St. Ward)

File No.
Registered No. 92
St. Ward)

2. FULL NAME Berhard J. Frese

(a) Residence, No. 2019 E. Prairie Ave St. 9 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia Frese</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-14-1856</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>2</u>
		DAYS
		<u>18</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>Retired 511</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bricklayer 118</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>95B 51A</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
17. INFORMANT <u>Theresa Frese</u> (ADDRESS) <u>2019 E. Prairie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>1-5-1933</u>		
19. UNDERTAKER <u>H. G. Stock Und. Co.</u> (ADDRESS) <u>210 E. Prairie Ave</u>		
20. FILED <u>JAN - 4 1933</u> <u>W. J. Parker</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 1930 19..... to Jan 2 1933

I last saw h. in alive on Jan 2 1933 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
Acute Cordis dilatation Date of onset 1/2/33
Acute Gastritis 12/30/32
Other contributory causes of importance: Malignant Hypertension of kidney (Right) ?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 No
(Signed) Howe C. McDevine M.D.
(Address) 4356 Norneway

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.

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4356 *Thanaos*

11/11/56