

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

Do not use this space.

14656

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1000  
 City St. Louis (No. ....) St. .... Ward (No. ....)

File No. ....  
 Registered No. 3155

**2. FULL NAME**

(a) Residence, No. 1718<sup>a</sup> 20<sup>7</sup> St. St. 23 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OF 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>Lena Frericks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3 - 1864</u>		
7. AGE	YEARS	MONTHS
<u>68</u>	<u>3</u>	<u>30</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lumber</u>		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation <u>15 years</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alton Ill.</u>		
13. NAME <u>Julianne Frericks</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alton Ill.</u>		
15. MAIDEN NAME <u>not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do</u>		
17. INFORMANT (ADDRESS) <u>Lena Frericks</u> <u>1718<sup>a</sup> 20<sup>7</sup> St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. Paul's Church</u> <u>April 5</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Arzelle's M Co.</u> <u>4635 Broadway</u> <u>St. Louis</u>		
20. FILED <u>Max C. Pardey</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1933

2. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1932, to Apr 7, 1933

I last saw him alive on Apr 7, 1933 Death is said to have occurred on the date stated above, at 1050<sup>th</sup> St.

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

Carcinoma of esophagus  
46A  
46B

Date of onset

Other contributory causes of importance:  
None

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) Chas. H. Neube, M. D.  
 (Address) 900 Russell Bldg.

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.

