

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

Do not use this space.

21114

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **701**
Primary Registration District No. **1003**
(No. **45693**, **Chouteau Ave**)

File No.
Registered No. **4878**
St. Ward)

2. FULL NAME

(a) Residence, No. **45693 Chouteau** St., **18** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Frey</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar-27-1861</i>				
7. AGE	YEARS <i>72.</i>	MONTHS <i>2.</i>	DAYS <i>5.</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Auto Painter</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Not employed</i>			
	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) <i>St Louis Mo</i>				
MOTHER	13. NAME <i>Mike Frey</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Caroline Ottman</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Mrs Mary Frey</i> (ADDRESS) <i>45693 Chouteau Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walhalla Cem</i> DATE <i>June 5, 1933</i>				
19. UNDERTAKER <i>Manchester Undert Co.</i> (ADDRESS) <i>4234 Manchester Ave</i>				
20. FILED <i>J. F. Bredeck</i> 19. <i>31</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *May 19, 1933*, to *June 2, 1933*
I last saw him alive on *June 2, 1933*. Death is said to have occurred on the date stated above, at *3306* a.m.
The principal cause of death and related causes of importance were as follows:
*Chronic myocarditis
Arteriosclerosis
Senility*
Date of onset *131 1933*

Other contributory causes of importance:
Nephritis

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) *W. P. L. Acott, M.D.*
(Address) *7171 Manchester*

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.

