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

Do not use this space.
32261

85

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1001
Township: — Primary Registration District No.:
City: St. Joseph, (No. 1023 Grand Ave. St. Ward)

File No.: [redacted]
Registered No.: 1018

2. FULL NAME: Matilda Charlotte Friede

(a) Residence, No. 1023 Grand 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 75 yrs. mos. ds. | How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. W. Friede

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Unknown Penn.

FATHER
13. NAME: Frederick Seifert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hessen, Germany.

MOTHER
15. MAIDEN NAME: Veronica Oneberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hessen, Germany.

17. INFORMANT (ADDRESS): Mrs. Fred Whitham St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Oct. 16, 1933

19. UNDERTAKER (ADDRESS): Walter Meinhardt 1302 Faraon St. St. Joseph, Mo

20. FILED: 10-16-33, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 13, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 13, 1933
I last saw her alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 8.25 A.M.
The principal cause of death and related causes of importance were as follows:

Septic Peritonitis from perforated gall bladder — Date of onset

Other contributory causes of importance: Chronic cholelithiasis + cystitis 2 years duration

Name of operation: none Date of:
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Jacob Geiger, M. D.
(Address) Kirkpatrick Bldg. St. Joseph Mo.

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

MARGIN RESERVED FOR BINDING

NOV 10 1933