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.

MAY 25 1934

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 File No. 14274

Township ..... Primary Registration District No. 1003 Registered No. 3444

City St Louis (No. City Hosp St. ..... Ward)

20091

2. FULL NAME Diana Freyer

(a) Residence, No. 812 Ann 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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ferdinand Fryer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25 1866

7. AGE: YEARS 68 MONTHS 0 DAYS 10. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gt. 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): St Chas Mo

FATHER

13. NAME: John Schaberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Christine Voigt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp Log M Dept City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Apr. 9 1934

19. UNDERTAKER (ADDRESS): Math. Hermann and Son 2161 East Fair Av.

20. FILED APR 10 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/17 1934 to 4/5 1934

I last saw her alive on 4/5 1934 Death is said to have occurred on the date stated above, at 3:10 m.

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

Coronary Thrombosis
Syphilis
Syphilitic Heart Disease

Date of onset

Other contributory causes of importance:

Arteriosclerosis, general

Name of operation none Date of

What test confirmed diagnosis? Wassermann 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) H. Hewlett Ernst, M. D.

(Address) City Hospital