

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

Do not use this space.

1. PLACE OF DEATH SEP 13 1934

791

31130

County .....  
Township .....  
City *St. Louis* (No. *Central Hospital*)

Registration District No. *1003*  
Primary Registration District No. ....

File No. ....  
Registered No. *8427* St. .... Ward)

2. FULL NAME

(a) Residence, No. *3834 Arsenal* St., *16* Ward.

(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>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 9, 1934</i>		
7. AGE YEARS	MONTHS	DAYS
	<i>3</i>	<i>7</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Child</i>		
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) <i>St. Louis Mo</i>		
13. NAME <i>Frank S. Friesmeier</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
15. MAIDEN NAME <i>Mary Ryan</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
17. INFORMANT <i>Frank S. Friesmeier</i> (ADDRESS) <i>3834 Arsenal Street</i>		
18. BURIAL, CREMATION OR REMOVAL PLACE <i>Calvary</i> DATE <i>Aug. 30</i> 19 <i>34</i>		
19. UNDERTAKER <i>Math. Hermann &amp; Son</i> (ADDRESS) <i>212 East 5th St</i>		
20. FILED <i>17</i> 19 <i>34</i> <i>J. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 16* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *8-16* 19*34*, to *8-16* 19*34*.  
I last saw *R.R.* alive on *8-16* 19*34* Death is said to have occurred on the date stated above, at *5:07* m.  
The principal cause of death and related causes of importance were as follows:  
*gangrene of bowel*  
*gangrene caused by*  
*interruption*  
Date of onset *8-12-34*

Name of operation *Intestinal Resection* date of *8-16-34*  
What test confirmed diagnosis? *Operative* 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? .....  
If so, specify .....

(Signed) *John S. Quinn* M. D.  
(Address) *212 East 5th St*

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.

WHICH ON PAGES THREE THIS IS A PERMANENT RECORD

Peter D. W. ...

[Faint, mostly illegible text covering the majority of the page, possibly bleed-through from the reverse side.]