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.

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

Do not use this space.

34162

OCT 11 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8941

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

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Katie Lee Fryer

(a) Residence, No. Chesterfield Mo St., N R Ward. St Louis County
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 22, 1887

7. AGE: YEARS 47 MONTHS 7 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
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): Portage des Souix, Missouri

FATHER

13. NAME: John B. Pujal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Sophia Wuensch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Missouri

17. INFORMANT (ADDRESS): Mr. Edwin R. Fryer Chesterfield Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Lebanon Mo DATE Sept 8 1934

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc 5966 Easton Ave

20. FILED SEP -7 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Sept 6, 1934

I last saw her alive on Sept 6, 1934 Death is said to have occurred on the date stated above, at 6.40 P. m.

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

	Date of onset
Broncho-Pneumonia with a acute myocarditis	
112	
102B	
93B	

107a

Other contributory causes of importance:
Bronchial asthma (Pollen allergy) caused Broncho pneumonia which caused acute myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) A. F. Henke, M. D.

(Address) 2206 Howard St.

2206 Howard

1.30 to 3.30 P.M.

Central 8486