

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 14 1935

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

Do not use this space.

44690

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *4219th W. 20th St.*) St. Ward)

File No.
Registered No. **11802**

2. FULL NAME

(a) Residence, No. *4219th W. 20th St.* St., **9** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* 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>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wife of Wm Fabian</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 27 1867</i>		
7. AGE	YEARS <i>67</i>	MONTHS <i>4</i>
	DAYS <i>16</i>	if LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</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>Hablan Germany</i>		
FATHER	13. NAME <i>Carl Freysman</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known Germany</i>	
MOTHER	15. MAIDEN NAME <i>Not known</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known Germany</i>	
17. INFORMANT (ADDRESS) <i>Wm. Fabian 4219th W. 20th St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walhalla, crematory</i> DATE <i>Dec. 15, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Breddeck & Son 3934 W. 20th St.</i>		
20. FILED <i>14 15 1935</i> <i>J F Breddeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No physician attending

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 13, 1934*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *2¹⁵* p. m.

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

Fuel gas poisoning self administered

Other contributory causes of importance:
164 164

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) *Harold P. Delaney*
(Address) *1214 1/2 E. 30th*

