MAR 1 1935

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

Do not use this space.

1. PLACE OF DEATH 337½ South Main ST.
County St. Charles — Registration District No. 757 — File No. 2605
Township ~~St. Charles~~ — Primary Registration District No. 3036 — Registered No. 11
City St. Charles (No. ..., ... St. ... Ward)

2. FULL NAME Louise Frieda Fredenberg
(a) Residence, No. 337½ South Main St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 yrs. 2 mos. 5 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 Charles Fredenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17. 1886

7. AGE: Years 48 — Months 2 — Days 5 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
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) Not for 6 Mon.
11. Total time (years) spent in this occupation 20 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

FATHER
13. NAME Mr. Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Agnes Borgelt 337½ S. Main St. St. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cemetery DATE Jan. 25, 1935

19. UNDERTAKER (ADDRESS) Steinbrinker Undertaking Co. 305 N. Main St. City

20. FILED 24 1935, 19 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1934, to January 22, 1935
I last saw her alive on December 29, 1934. Death is said to have occurred on the date stated above, at 8:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis (for advanced)	5 or 6 yrs ago

Other contributory causes of importance: None

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) R. O. Hayden, M. D.
(Address) St. Charles, 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.