

AUG 8 1935

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

Do not use this space.

791  
1003

24375

File No. 5745  
Registered No. St. Ward

1. PLACE OF DEATH

County Registration District No. 791  
Township Primary Registration District No. 1003  
City St. Louis (No. *Amnuc on camp.*)

2. FULL NAME

*Helena A. Friedrich*  
(a) Residence, No. *4518 Clayton east*, Ward. *7*  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>William Friedrich</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 17 1916</i>		
7. AGE YEARS <i>18</i>	MONTHS <i>8</i>	DAYS <i>15</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		If LESS than 1 day, hrs. or min.
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. Louis*

13. NAME  
*Joseph Becker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*St. Louis*

15. MAIDEN NAME  
*Arnette Peter*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*St. James*

17. INFORMANT (ADDRESS)  
*William Friedrich  
4518 Clayton*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
*St. Matthews July 5 1935*

19. UNDERTAKER (ADDRESS)  
*Max Luerich, et al  
1919 N. Market*

20. FILED JUL - 5 1935  
*J. Bredeck*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  
*July 2 1935*

22. I HEREBY CERTIFY, That I attended deceased from  
*June 2 1935*, to *July 2 1935*  
Last saw him alive on *July 2 1935* Death is said to have occurred on the date stated above, at *10:00 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Septic Pneumonia*  
*Robor*  
*Sepsis following childbirth six weeks ago*  
Other contributory causes of importance:  
*Child Birth 145*

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  
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) *T. J. Kemp*, M. D.  
(Address) *14503 Washington Ave.*

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.

Rec'd

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