AUG 9 1935

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

Do not use this space.

24512

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis. (No. 2906 Neosho St. ..... St. ..... Ward)

File No. .....

Registered No. 5894

2. FULL NAME Helena Freihaut

(a) Residence, No. 2906 Neosho St. St., 15 Ward.
(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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bartholomew Freihaut.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20, 1846.

7. AGE: YEARS 88 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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): Lebanon, Ills.

FATHER

13. NAME: Jacob Mees.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Appolonia Kaufmann.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Amelia A. Freihaut. 2906 Neosho. St.

18. BURIAL, CREMATION, OR REMOVAL: SS. Peter & Paul Cem. DATE July 10, 1935

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED JUL -9 1935 19 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 8, 1935

I last saw her alive on July 7, 1935 Death is said to have occurred on the date stated above, at 12:45 A.m.

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

	Date of onset
Valvular disease of heart	Jan. '33

92a

Other contributory causes of importance:

Arterio Sclerosis

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

What test confirmed diagnosis? Physicolex 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) Edward Wenger, M. D.

(Address) 2002 S. Broadway

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.

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