

AUG 22 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25442

## 1. PLACE OF DEATH

County NorthTownship UnionCity St. Louis (No. ....)Registration District No. 904Primary Registration District No. 6215-

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

9

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Fredrick Friesz

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 20, 1848

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. .... min.

8751

## 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.

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 Co. Mo.

## 13. NAME

Peter Schaubert

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hamburg Germany

## 15. MAIDEN NAME

Bloom

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 17. INFORMANT (ADDRESS)

Mrs. E. V. Davidson

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE 8/2 1935

## 19. UNDERTAKER (ADDRESS)

St. Louis20. FILED Aug-3- 1935 Mrs. W. H. Bond Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 193522. I HEREBY CERTIFY That I attended deceased from July 1 1935 to July 31 1935I last saw him alive on July 30 1935. Death is said to have occurred on the date stated above, at 11:00 P. m.

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

Chronic Nephritis Date of onset 1930Other contributory causes of importance: 121Name of operation Physical Examin Date of 7/21What test confirmed diagnosis? Physical Examin Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 7/21 1935Where 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? NOIf so, specify St. Louis(Signed) St. Louis M. D.(Address) St. Louis

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.

