

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

FEB 24 1936

2675

1. PLACE OF DEATH

County *St Charles*

Registration District No. *757*

Township

Primary Registration District No. *303.6*

City *St Charles*

No. *415*, *North Second*

File No.

Registered No. *6*

St. Ward)

2. FULL NAME

Mrs Sophia Frey

(a) Residence, No. *St Charles Mo* St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 13th*, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Max J Frey*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 6*, 1936 to *Jan 13th*, 1936. I last saw her alive on *Jan 13th*, 1936. Death is said to have occurred on the date stated above, at *2 P.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 20th 1850*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.

85 3 23

Pneumonia

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) *St Charles* (STATE OR COUNTRY) *Mo.*

Date of onset *Jan 6 1936*

Other contributory causes of importance:

103

13. NAME *Frederick Bushman*

Name of operation..... Date of..... What test confirmed diagnosis? *Sputum* Was there an autopsy? *No*

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

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.

15. MAIDEN NAME

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

17. INFORMANT *George W. Deade* (ADDRESS) *415 N 2nd St Charles Mo*

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Johns Cem. St Charles* DATE *Jan 16th 1936*

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

19. UNDERTAKER *St. L. Walmsley & Sons Co* (ADDRESS) *370 N 2nd St Charles Mo*

(Signed) *T. P. Hardin*, M. D.

20. FILED *1/15* *Cherence S. Necker* Registrar.

(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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

