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.

SEP 29 1936

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

Do not use this space.

32212

1. PLACE OF DEATH
County St. Louis
Township Bonhomme
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 785
Primary Registration District No. 6031

File No. .....
Registered No. 107

2. FULL NAME Elizabeth Froesel
(a) Residence, No. Chesterfield, Mo. R.R. 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 79 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1857

7. AGE: Years 79 | Months 1 | 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. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 1-26
11. Total time (years) spent in this occupation 60

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

FATHER
13. NAME Peter Koebel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Reiss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Loraine

17. INFORMANT Fred Froesel
(ADDRESS) Chesterfield Mo. R.R.-1

18. BURIAL, CREMATION, OR REMOVAL St. Joseph Cemetery
PLACE Manchester, Mo. DATE 8/28/36 19

19. UNDERTAKER Schrader Funeral Home
(ADDRESS) Barnum, Mo.

20. FILED 8/27 1936 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25-1936, 19

22. I HEREBY CERTIFY, That I attended deceased from August 24 1936, to August 25 1936
I last saw h. er alive on August 25 1936 Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	8-21-36
Other contributory causes of importance:	
Arteria sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Orem R. Linn M.D.
(Address) Manchester, Mo.

Agnes Kelley