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.

DEC 28 1936

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

Do not use this space.

41748

File No. 100

Registered No.

1. PLACE OF DEATH

County Lafayette

Township Lexington

City (No. , St. Ward)

Registration District No. 461

Primary Registration District No. 5625

2. FULL NAME Albert Frei

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Ma.	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	0	18	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Baden Germany

FATHER

13. NAME Carl Frei

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

MOTHER

15. MAIDEN NAME Christina Anselmann

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

17. INFORMANT (ADDRESS) Miss. Viola Frei Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Nov 29, 1936

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo.

20. FILED Nov 29, 1936 Faye B. Bach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1936, to Nov 27, 1936

I last saw h. alive on Nov 27, 1936. 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
Coronary occlusion	

Other contributory causes of importance:

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?

If so, specify

(Signed) G. H. Fredendall, M. D.

(Address) Lexington, Mo.