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.

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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3638

Registered No. 673

1. PLACE OF DEATH

County 96

Township

City 30 St. Louis (No. 5440 Arlington Avenue. 2 St. Ward) 9

2. FULL NAME PHILIP FREIVOGEL, 1

(a) Residence, No. 5440 Arlington Avenue St., 7 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Freivogel (Schellhase)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1854

7. AGE: Years 82 | Months 9 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foremann 920

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

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): Illinois 2

FATHER

13. NAME: Philip Freivogel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Katherine Koop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Mrs. Minnie Schroeder 5440 Arlington Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE: Zions DATE: Jan. 18, 1937

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. FILED: JAN 16 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1936, to 1-14, 1937

I last saw ~~him~~ alive on 1-14, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
Chronic Endocarditis	
92	
Other contributory causes of importance: General arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Exam. 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) [illegible] M. D.

(Address) 5094 N. Union