

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. 4959 Tholozan)..... St. Ward)

File No. **10362**
Registered No. **2934**

2. FULL NAME Miss Mildred Freese

(a) Residence, No. 4959 Tholozan St. 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|--|--|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 14, 1900</u> | | | | |
| 7. AGE YEARS <u>36</u> | MONTHS <u>6</u> | DAYS <u>1</u> | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Household</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... | | | |
| 12. BIRTHPLACE (CITY OR TOWN)..... <u>Danville, Illinois</u> (STATE OR COUNTRY) | | | | |
| FATHER | 13. NAME <u>Fred Freese</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN)..... <u>Germany</u> (STATE OR COUNTRY) | | | |
| MOTHER | 15. MAIDEN NAME <u>Mathilda Peters</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN)..... <u>Germany</u> (STATE OR COUNTRY) | | | |
| 17. INFORMANT <u>Mr. Fred Freese</u> (ADDRESS) <u>4959 Tholozan</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Danville, Ill.</u> DATE <u>3/18</u> , 19 <u>37</u> | | | | |
| 19. UNDERTAKER <u>Reiderwieden Funeral Home, Inc.</u> (ADDRESS) <u>1956 St. Louis</u> | | | | |
| 20. DECEASED <u>APR 16 1937</u> 19..... <u>J. T. Bredek</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1937

22. I HEREBY CERTIFY That I attended deceased from March 11, 1937, to March 15, 1937
I last saw her alive on March 15, 1937. Death is said to have occurred on the date stated above, at 10:55 A. M.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 3/11

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis? Clinical 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) Dr. A. M. Frank, M. D.
(Address) 3651 Grand St.

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.

820.5

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