

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City, Saint Louis, Missouri

Registration District No. **791**
Primary Registration District No. **1008**
3512 Missouri Ave.

File No. **21671**
Registered No. **5423**
St. Ward)

2. FULL NAME Frieda Johansen.

(a) Residence, No. 3512 Missouri Ave. St., 24 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Adolph Johansen.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 9th, 1872.**

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
65		4	20	

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN)..... **Saint Louis, Missouri.**
(STATE OR COUNTRY)

13. NAME **Charles Wiegert**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Jacob Schadlbauer.**
(ADDRESS) **3512 Missouri Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cem.** DATE **June 1st, 1937**

19. UNDERTAKER **Ziegler Bros.**
(ADDRESS) **2523 Cherokee Street.**

20. **JUN 7 - 1937** **J. J. Bradach**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29th, 1937.**

22. I HEREBY CERTIFY, That I attended deceased from April 24 to May 29, 1937.
I last saw her alive on May 29, 1937. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

Right Cerebral Hemorrhage
duration - 2 days

Other contributory causes of importance:
Paralysis Cerebralis
duration - 2 years

Name of operation *none* Date of.....
What test confirmed diagnosis *Thymol* 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) *C. L. Herbst*, M. D.
(Address) *3606 Bronson*
802-808 S. 2nd St. B. B. B.

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.

00-899-25

