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

Do not use this space.

File No. 22317
Registered No. 6069

1. PLACE OF DEATH JUL 8 - 1937

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. St. Lukes Hospital. St. ..... Ward)

2. FULL NAME Bernice Freivogel

(a) Residence, No. 3641 Palm St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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*): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl F. Frei Vogel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1911.

7. AGE: Years 26. Months 2. Days 20. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.
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) St. Louis, Mo.

FATHER
13. NAME George L. Thiemeyer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Mae Petty.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Carl F. Frei vogel.
(ADDRESS) 3641 Palm St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE June 24, 1937

19. UNDERTAKER Math Hermann & Son.
(ADDRESS) 2161 E. Tyson

20. FILED JUN 23 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14-, 1937, to 6-21-, 1937.
I last saw h.. alive on 6-21-, 1937. Death is said to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of internal carotid Artery Intercranial	prior to 6-14-37

Other contributory causes of importance:

Name of operation Encephalogram Date of 6-15-37
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 ..... No
(Signed) George L. McDonald M. D.
(Address) 5535 Delmar Blvd. (St. Luke's Hosp.)

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.