

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**

4222
Do not use this space.

FEB 16 1938

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1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township St. Ferdinand Primary Registration District No. _____
 (c) City _____ (d) Street No. Villa Gesu Registered No. 45
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sister Mary Lupa Frevele
 (a) Residence, No. Riverview Drive Route #3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
87 9 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Religious
 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) Bavaria 7

FATHER 13. NAME Andrew Frevelle 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria 7

MOTHER 15. MAIDEN NAME Catherine Weindel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria

17. INFORMANT Sister M. Honoria
 (ADDRESS) Route # 3 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Gesu Cem. DATE Jan. 9 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway

20. FILED 1-7 1938
THEODORE W. MEYER M. D. DR.
Deputy State Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936 1936 to Jan 5th 1938
 I last saw him live on Jan 5th 1938. Death is said to have occurred on the date stated above at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Intermittent hypertension
 Date of onset ?

Other contributory causes of importance: 131

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) Robert A. Peak M. D.
 (Address) 5358 N. Union Blvd

STATEMENT BY LICENSED EMBALMER

I, Geo. W. Hoffmeister Licensed Embalmer No. 2426

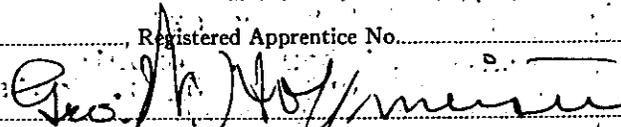
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Virgil Berryman # 4018

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)