

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31114

Do not use this space.

DEAD OCT 12 1938

791

1008

8551

1. PLACE OF DEATH

- (a) County..... Registration District No.
- (b) Township..... Primary Registration District No.
- (c) City St. Louis, Mo. (d) Street No. Lutheran Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

2. PRINT FULL NAME William Frese

- (a) Residence, No. 6161 Natural Bridge Ave. St. 1008 Pine Lawn, Missouri (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Sept 29 1938
I last saw him alive on Sept 29 1938. Death is said to have occurred on the date stated above, at 10¹⁴ a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 30, 1887

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset Sept 10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 25

Other contributory causes of importance:
myocardial insufficiency

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Ludwig Frese

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

MOTHER 15. MAIDEN NAME Wilhelmina Lehn

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

17. INFORMANT Otto Frese (ADDRESS) 6413 Grove St.

18. BURIAL, CREMATION OR REPOSSIT PLACEMENT PLACE Memorial Park DATE Oct. 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Kraeger-Voss-Fix, Inc. 3402 No. Kingshighway

20. FILED SEP 30 1938 J. Bredeck Local Registrar.

Name of operation none Date of clinical
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? no
If so, specify a. m. Frank M. D.
(Signed) a. m. Frank
(Address) 3651 Grandel ay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
I. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Ging W Wilkinson*
Licensed Embalmer No. *3575*

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.)