

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

Do not use this space.

11078

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. City House)

Registration District No. 791
Primary Registration District No. 708

File No.
Registered No. 2106
St. Ward)

2. FULL NAME

Genevieve Friesmeier
(a) Residence, No. 2822 N. 15th St. (near) St. 26 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) St. Louis Mo.

13. NAME John. Hille

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Mary Ohrady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Bernard Friesmeier
(ADDRESS) 2822 N. 15th St (near)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 7, 1933

19. UNDERTAKER By Reidner, Und Co
(ADDRESS) 1217 N. Market St

20. FILED MAR - 2 1933 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11⁴⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia
Other contributory causes of importance:
11A 11A

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) [Signature] M.D.
(Address) [Signature]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A STATE REQUIREMENT

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