

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

Do not use this space.

4437

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 3607 North 11th St. Ward) Registered No. 1069

2. FULL NAME

(a) Residence. No. 3607 North 11th 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude R. Fretz (nee Eden)</u>		
7. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 26, 1860</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Proprietor of Parlor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waterloo
 (STATE OR COUNTRY)

10. NAME OF FATHER Harvey Fretz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Martha Langenacker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

14. INFORMANT Gertrude R. Fretz
 (Address) 3607 North 11th Street

15. FILED 22 19 Mar W. C. Starker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1928, to Jan 19, 1929, that I last saw him alive on Jan 19, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis ac.
23A

(duration) 1 yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Laryngeal tuberculosis
 (duration) yrs. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests
 (Signed) J. C. Searns, M. D.
1-22, 1929 (Address) 3945 N 11 St. St. Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns (North) DATE OF BURIAL Jan. 24 1929

20. UNDERTAKER Matth. Hermann & Son ADDRESS 116 S. Fair Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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