

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

Do not use this space.

29482

1. PLACE OF DEATH

County..... Registration District No. 7911
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Mrs. Bapt Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 8661

2. FULL NAME Anne E. Fregard

(a) Residence. No. 52143 Theodasia Ave Ward 6
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 4 1929, to Aug 23 1929 that I last saw her alive on Aug 23 1929 and that death occurred, on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18-1847

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	6	5	

Broncho pneumonia

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

10/100 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Semility (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Dover
 (STATE OR COUNTRY) England

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

10. NAME OF FATHER Geo. L. Damm

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
 (STATE OR COUNTRY) _____

20. WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Est. L. Knorr

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) James J. Brunson, M. D.
 1929 (Address) 1927 9th Union

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

*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.

14. INFORMANT Mrs. Frank E. Wood
 (Address) 5355 Theodasia Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cem. DATE OF BURIAL 8-26 1929

15. FILED Xlet C. Tucker REGISTRAR

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton Ave

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

17. 10. 1915
mul 5645

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