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

Do not use this space.

25343

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. 7226.

City St. Louis (No. Missouri Baptist Hospital Ward)

2. FULL NAME Freda W. Obrock

(a) Residence. No. 5835 Highland Ave. 6 Ward.
(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	1	22	

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

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

PARENTS

10. NAME OF FATHER Frederick Krabbe

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

12. MAIDEN NAME OF MOTHER Minnie Frick

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

14. INFORMANT Arthur L. Obrock
(Address) 5835 Highland Ave.

15. FILED JUL 21 1930 Lee C. Harlan REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1930

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1929 to July 18, 1930 that I last saw h. alive on July 18, 1930 and that death occurred, on the date stated above, at 6:37 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pancreatic Hemorrhage
127B
122B
123B (duration) yrs. mos. 1½ ds.

CONTRIBUTORY (SECONDARY) Acute Pancreatic Obstruction due to adhesion from a former Operation for Chr. Cholecystitis (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? 1 186 Yes

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF June 13 1930

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Urine neg

(Signed) Floyd Newman, M. D.

7/19, 1930 (Address) Clemens Bldg

*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 Valhalla — DATE OF BURIAL July 21 1930

20. UNDERTAKER Walk. Hermann Sons — ADDRESS 2161 E. Fair Ave.

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