

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

Do not use this space.

16040

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3540a, Connecticut)

File No.....
Registered No. 4516
St. Ward)

2. FULL NAME Mary Frey

(a) Residence. No. 3540a Connecticut St. 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIDOWED. Frey.</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>MAY 25 1854</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer				

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>O'FALLON</u> (STATE OR COUNTRY) <u>ILLINOIS.</u>
	10. NAME OF FATHER <u>Unk.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>BERLIN</u> (STATE OR COUNTRY) <u>GERMANY.</u>
	12. MAIDEN NAME OF MOTHER <u>MARY SCHOECK</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>ALSACE LORRAINE</u> (STATE OR COUNTRY) <u>GERMANY</u>	

14. INFORMANT <u>ELMETS L. (Ex) Frey</u> (Address) <u>4919 LINDENWOOD</u>
15. FILED <u>APR 14 1931</u> <u>U. Starnick</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1931
17. I HEREBY CERTIFY, That I attended deceased from 4/10 1931, to 19. 31 that I last saw her alive on April 13, 1931 and that death occurred, on the date stated above, at 10:39 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. Berhatoff M.D.
4/14 1931 (Address) 5489 Wellington Ave

*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 <u>St. Jacobs All</u>	DATE OF BURIAL <u>4/15 1931</u>
20. UNDERTAKER <u>Baer Uncl.</u>	ADDRESS <u>St Jacobs All</u>

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.

