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.

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

Do not use this space.

2369

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 1624876 — Registered No. 21
City Richmond Hts. (No. St. Marys Hospital St. Ward)

2. FULL NAME Frederick W. Priesmeyer
(a) Residence, No. 4425a Floriss Place St., Ward (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
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 Anna Priesmeyer (Stranz)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1873
7. AGE YEARS 58 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tax Collectors Office
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 1

FATHER
13. NAME Frederick Priesmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Louisa Knepper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Anna Priesmeyer 4425a Floriss Place
18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Feb. 3 1932
19. UNDERTAKER (ADDRESS) Math. Hermann and Son 2161 East Fair Ave.
20. FILED 2/1 1932 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1931, to Jan. 31, 1932
I last saw him alive on Jan. 30, 1932. Death is said to have occurred on the date stated above, at 12:00 A.m. (Jan. 31-32)
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of ascending Aorta rupturing into oesophagus producing fatal hemmorhage	

Other contributory causes of importance:
Chronic endocarditis - myocarditis
Chronic Bronchitis - nephritis
Cirrhosis of liver - Hypertension

Name of operation — Date of
What test confirmed diagnosis? X Ray 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Roman J. Strang MD, M. D.
(Address) 4720a Virginia