

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

Do not use this space.

36912

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City (No. 1 1/2 miles West of St. Charles) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Fredericka Bull
(a) Residence, No. 1 1/2 miles West of St. Charles (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ Bull, dec'd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 24, 1841
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 7 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired house-keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 20 years 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mecklenburg, Germany

FATHER 13. NAME Faiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Mathilda Faiser (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem. DATE Nov. 16, 1932

19. UNDERTAKER Steinbrinkers (ADDRESS) St. Charles, Mo.

20. FILED Dec. 2, 1932 E. J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1932 to Nov. 14th, 1932
I last saw h. et. alive on Nov. 13th, 1932 Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:

Broken Compensation 14da
37 - day 9/10/32
95B 1/2 B
Other contributory causes of importance: Gen. Arteriosclerosis 5 yrs

Name of operation no. Date of _____
What test confirmed diagnosis? Signs Sympt. Was there an autopsy? no

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 _____
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____, M. D.
(Signed) A. Perich Schulz
(Address) St. Charles Mo.

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.

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

JAN 5 1933

