

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

Do not use this space.

31190

OCT 20 1933

1. PLACE OF DEATH

County Registration District No. **781**
Township Primary Registration District No. **10033**
City **St. Louis** (No. **Mo. Baptist Hospital**) St. Ward) **Edwardsville Hill**

2. FULL NAME

Elisbeth H. Fresen
(a) Residence, No. **112 Elm** St., **17** Ward, **Edwardsville Hill**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **9** ds. How long in U. S. if of foreign birth? **47** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 9, 1933**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ed. A. Fresen**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 5**, 1933, to **Sept. 10**, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14-1886**

I last saw her alive on **Sept 9**, 1933 Death is said to have occurred on the date stated above, at **10 P. m.**

7. AGE YEARS **47** MONTHS **1** DAYS **25** If LESS than 1 day, hrs. or min. **10 min.**

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chrom. basis of sup-tension Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Senior mesenteric

10. Date deceased last worked at this occupation (month and year) **1932**

Stens (Basal obstruction)

11. Total time (years) spent in this occupation **✓**

Other contributory causes of importance: **None**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Name of operation **none** Date of

13. NAME **Gustave Plasmann**

What test confirmed diagnosis? **P. m.** Was there an autopsy? **yes**

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

15. MAIDEN NAME **Lena Bauer**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **Ed. A. Fresen** (ADDRESS) **Edwardsville Hill**

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **Edwardsville Hill** DATE **Sept 12, 1933**

Nature of injury

19. UNDERTAKER **Marks & Weber** (ADDRESS) **Edwardsville Hill**

24. Was disease or injury in any way related to occupation of deceased? **no**

20. FILED **J. J. Beck** Registrar

If so, specify **Willard Barilean, M. D.** (Signed) **Metropolitan Bldg.** (Address)

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No.) St. Ward)

File No.
Registered No. 7886

2. FULL NAME

Elizabeth Green

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6 13 19 19

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1933

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Basal Obstruction

Other contributory causes of importance:

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Willard Bartlett, M. D.

(Address)

J. Bredecky
Registrar

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUITE 410 METROPOLITAN BUILDING
GRAND AND OLIVE
ST. LOUIS

December 13, 1933.

Missouri State Board of Health,
Room 10, Municipal Courts Bldg.,
St. Louis, Mo.

Gentlemen:

The autopsy physicians at the Missouri Baptist Hospital, Dr. Ives and Dr. Katz, had the feeling after doing an autopsy on Mrs. Fresen that some obscure liver malady had resulted in a diffuse phlebitis of the entire portal system. At any rate, there was a thrombosis of this set of veins so nearly complete that two separate long sections of small intestine were gangrenous; there were also thrombosed veins in the liver, pancreas, spleen, and the wall of the stomach. Since the enclosed form offers no adequate facilities for inserting this much information, I am returning it signed with the request that some one in a clerical position insert any portion of this report which may be calculated to satisfy your request. The malady was of less than seventy-two hours standing and there was never a time when the patient's condition would have permitted a surgical operation.

Very truly yours,

Willard Bartlett

RECEIVED

DEC 15 1933

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THE STATE BOARD OF HEALTH
OF MISSOURI