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.

AUG 18 1936

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

791
1003

Do not use this space.

28507

File No.
Registered No. 7272

1. PLACE OF DEATH

County St. Louis
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. 5874 a Romaine St. Ward)

2. FULL NAME Louise Friess Raith

(a) Residence, No. 5874 a Romaine St., 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: 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: Otto Raith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20th 1856

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	8	25	

OCCUPATION

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

FATHER

13. NAME: John P. Friess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Virginia Holtzaple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. C. E. Fitzgerald, 5874 Romaine Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mauscoutan, Ill. DATE: 7/17/36, 19

19. UNDERTAKER (ADDRESS): Drehmann Harral, 1905 Union Blvd.

20. FILED: JUL 15 1936 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/15/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 8:30 AM
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. arteriosclerosis; generalized; Chr. myocarditis; Chr. endocarditis; involving mitral; cerebral apoplexy 7/10/36, causing hemaplegia entire right side.

Other contributory causes of importance:
Cerebral hemorrhage, myocardial failure. Extreme senility.

Name of operation ... Date of ...
What test confirmed diagnosis? Cli. 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 ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Luke B. Jennings, M. D.
(Address) 3718 Jennings Rd.

7/15/38