REC'D JUN 9 1938

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

791

16628
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 4489
(c) City St Louis (d) Street No. St. Anthony Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (f) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. PRINT FULL NAME Elizabeth Freese
(a) Residence, No. 4701 Anderson Av. St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Anthony Freese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17-1865
7. AGE: YEARS 72 | MONTHS 6 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
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 0

FATHER
13. NAME Geo. Reiners 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger. 6

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

17. INFORMANT (ADDRESS) Anthony Freese 4701 Anderson Av.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 18, 1938
19. FUNERAL DIRECTOR (ADDRESS) Bromschwig Und. Co 4746 W. Florissant Ave
20. FILED ..... 19 ..... J. F. Bridich Local Registrar.
MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938.
22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to May 14, 1938
I last saw her alive on May 14, 1938. Death is said to have occurred on the date stated above, at 8:05 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic — Date of onset 6-6-37

Other contributory causes of importance: Carcinoma of Stomach

Name of operation Laparotomy Date of 5-12-38.
What test confirmed diagnosis? Lab. & Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ——, 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. V. Powell M. D.
(Address) 3720 Washington Bl.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)