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

Do not use this space.

11273

File No. 12

Registered No.

APR 25 1929

1. PLACE OF DEATH

County: Jefferson

Township: Rock

City: (No. St. Ward)

Registration District No. 423

Primary Registration District No. 5578

2. FULL NAME: Herold Frederitzi

(a) Residence. No. Kimmswick Mo St., 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 28—1920

7. AGE: Years 8 | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kimmswick Mo

PARENTS

10. NAME OF FATHER: Otto Frederitzi

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maxville Mo

12. MAIDEN NAME OF MOTHER: Blanch Herrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kimmswick Mo

14. INFORMANT: Otto Frederitzi
(Address): Kimmswick Mo

15. FILED 3/18, 1929. H. W. Ebel, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Coroners Inquest, 19, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
[redacted] Hanged by mother - Hot Incable
1-58
1-58
(duration) — yrs. — mos. ds.

CONTRIBUTORY (SECONDARY) 1 9 9
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. Allen E. Gibson Jr., M. D.

3/8, 1929 (Address) Coroner Jefferson Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Richardson Cemetery Maxville Mo — DATE OF BURIAL: Mch 11 1929

20. UNDERTAKER: John G Koch — ADDRESS: Fenton 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 LEADING INK—THIS IS A LEGAL RECORD

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