

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

Do not use this space.

34309

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 2126, Gravois Av. St. _____ Ward)

File No. _____
 Registered No. **9660**

2. FULL NAME Catherine Frederic

(a) Residence, No. 2126 Gravois St., 23 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 78 mos. 8 ds. 6 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 2-1852</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>	DAY <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <u>at home</u>				
(b) General nature of industry, business, or establishment in which employed (or employer). <u>housework</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Nikolas Frederic</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>
	12. MAIDEN NAME OF MOTHER <u>Margareth Gondolf</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>

14. INFORMANT Cater Frederic
 (Address) 2126 Gravois Av

15. FILED 10 19 May 6 Starkoff
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1930 to Oct 8 1930, and that I last saw her alive on Oct 8 1930, and that death occurred, on the date stated above, at 6:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) 77
 (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) J. M. Kimpner, M. D.

(Address) 2134 Gravois Ave
 *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 St Peter - Paul DATE OF BURIAL Oct 11 1930

20. UNDERTAKER J. A. Golden ADDRESS 2639 Gravois Av

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.

