

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

Do not use this space.

21150

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, (No. City Hospital #1)  
 St. .... Ward)

**2. FULL NAME**

Charles Gold Fredericks  
 (a) Residence, No. Forest Park Hotel, Ward. 4900 N. Pine Blvd.  
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
49. 9. 27.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Meter + Pump Co.  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time spent in this occupation.....

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

13. NAME Phillip F. Fredericks

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

15. MAIDEN NAME Ada Hillenbrandt

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

17. INFORMANT (ADDRESS) Mrs. Clarence H. Fredericks  
Forest Park Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE 6-17-32

19. UNDERTAKER (ADDRESS) P. R. Rupton & Sons  
421 N. 9th St. St. Louis

20. FILED: 16 1932 W. C. Harter Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15<sup>th</sup>, 1932

22. I HEREBY CERTIFY that I attended deceased from June 15<sup>th</sup>, 1932 to June 15<sup>th</sup>, 1932

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 440 m.

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

Gunshot wound of head (self-inflicted) at 3:20 a.m. Olive St., St. Louis, Mo.  
Suicide

Other contributory causes of importance:

167 167 10 2

Name of operation ..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/15, 1932

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Industry

Manner of injury Gunshot wound of head (self-inflicted)

Nature of injury of head (self-inflicted)

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

If so, specify.....

(Signed) J. W. Kerns, M.D.

(Address) Deputy Coroner

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.

