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.

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

Do not use this space.

21099

File No. 4861

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 798

Township ..... Primary Registration District No. 1002

City St Louis Mo (No. 4518 Washington Ave St. ..... Ward)

2. FULL NAME Marie Frederich

(a) Residence, No. 3020 Iowa Ave St., 17 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th 1906

7. AGE YEARS 27 MONTHS 4 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) St Louis Mo

FATHER

13. NAME John Edw. Mc Gee

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

MOTHER

15. MAIDEN NAME Annie O. Brien

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

17. INFORMANT (ADDRESS) Wm G Frederich 3020 Iowa ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE June 5th 1933

19. UNDERTAKER (ADDRESS) J H Gebken L & W. Co 2628 Gravois Ave

20. FILED JUN -3 1933 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6. 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from 5. 20 1933, to 6. 2. 1933

I last saw her alive on 6 2 1933 Death is said to have occurred on the date stated above, at 6 45 P m.

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

Diabetic Coma

Mellitis 59

59

Date of onset

Other contributory causes of importance:

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

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

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) T J Kunck Kemp, M. D.

(Address) 3760 Lindell

6/3/33

3936 Lindel