MAR 16 1936

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

Do not use this space.

1667

File No.
Registered No. 211

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. Isolation Hospital St. Ward)

2. FULL NAME Carl Harry Frederick

(a) Residence, No. 1410 South 16th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1921.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	7	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roosevelt High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Paul E. Frederick

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna Taube

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Texas

17. INFORMANT Mrs. Anna Frederick Mo.
(ADDRESS) 1410 South 16th. Str. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St. Joseph Mo. DATE February 18, 1936

19. UNDERTAKER H. C. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph Mo.

20. FILED 2-17- 1936 John R. Berden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936, to Feb 16, 1936

I last saw him alive on Feb 16, 1936. Death is said to have occurred on the date stated above, at 2:00 P. M.

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

	Date of onset
Meningitis	
(Epidemic Type)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Laboratory Clinical Was there an autopsy? No

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? No
If so, specify

(Signed) A J Smith, M. D.
(Address) P & S Bldg.

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.