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.

APR 25 1936

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

Do not use this space.

12230

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Crondelet — Primary Registration District No. 6248 — Registered No. 27
City Oakland, Mo (No. 632 S Sappington Rd. St. ..... Ward)

2. FULL NAME William Fredericks
(a) Residence, No. 632 S Sappington St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-12-1858

7. AGE: YEARS 78 — MONTHS 10 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer.
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) Valley Park, Mo

FATHER
13. NAME William Fredericks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) William E. Fredericks 632 S. Sappington

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Lucas Cem. DATE 1/22 1936

19. UNDERTAKER (ADDRESS) Louis H Rapp 131 W. Argonne

20. FILED 3/21 1936 Agnes C Kelly Reply Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Mar. 20, 1936
I last saw him alive on Mar. 15, 1936. Death is said to have occurred on the date stated above, at 8 15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. Myocarditis	
Senility	

Other contributory causes of importance:

Cardiac Asthma attacks at intervals	3 weeks

Name of operation None Date of
What test confirmed diagnosis? 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Otto D Seebaugh, M. D.
(Address) 16 No Gore Ave