

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

Do not use this space.

OCT 20 1936

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 1916 No. 3rd. St.) St. _____ Ward _____

2. FULL NAME Christina Frederick
 (a) Residence, No. 1916 No. 3rd. St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

33730

File No. _____
 Registered No. 1199

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	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 Charles H. Frederick				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1868 1854				
7. AGE YEARS 81	MONTHS 9	DAYS 19	IF LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.			
	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) New York City, N.Y.				
FATHER	13. NAME Phillip Scholl			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany.			
MOTHER	15. MAIDEN NAME Elizabeth Keltch			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany.			
17. INFORMANT Chas. P. Frederick (ADDRESS) 1916 No. 3rd. St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Sept. 23, 1936				
19. UNDERTAKER Walter Meinhopper (ADDRESS) 1302 Farson St. St. Joseph Mo.				
20. FILED Sept 23, 1936 H. J. Nestlebusch Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept, 21, 1936 19**

22. I HEREBY CERTIFY, that I attended deceased from **Sept 14** to **Sept 21**, 19**36**
 I last saw h. ex. alive on **Sept 20**, 19**36** Death is said to have occurred on the date stated above, at **2.30** m. A.M.
 The principal cause of death and related causes of importance were as follows:
Chemia myocardi ?
 Date of onset _____

Other contributory causes of importance: **Age,**

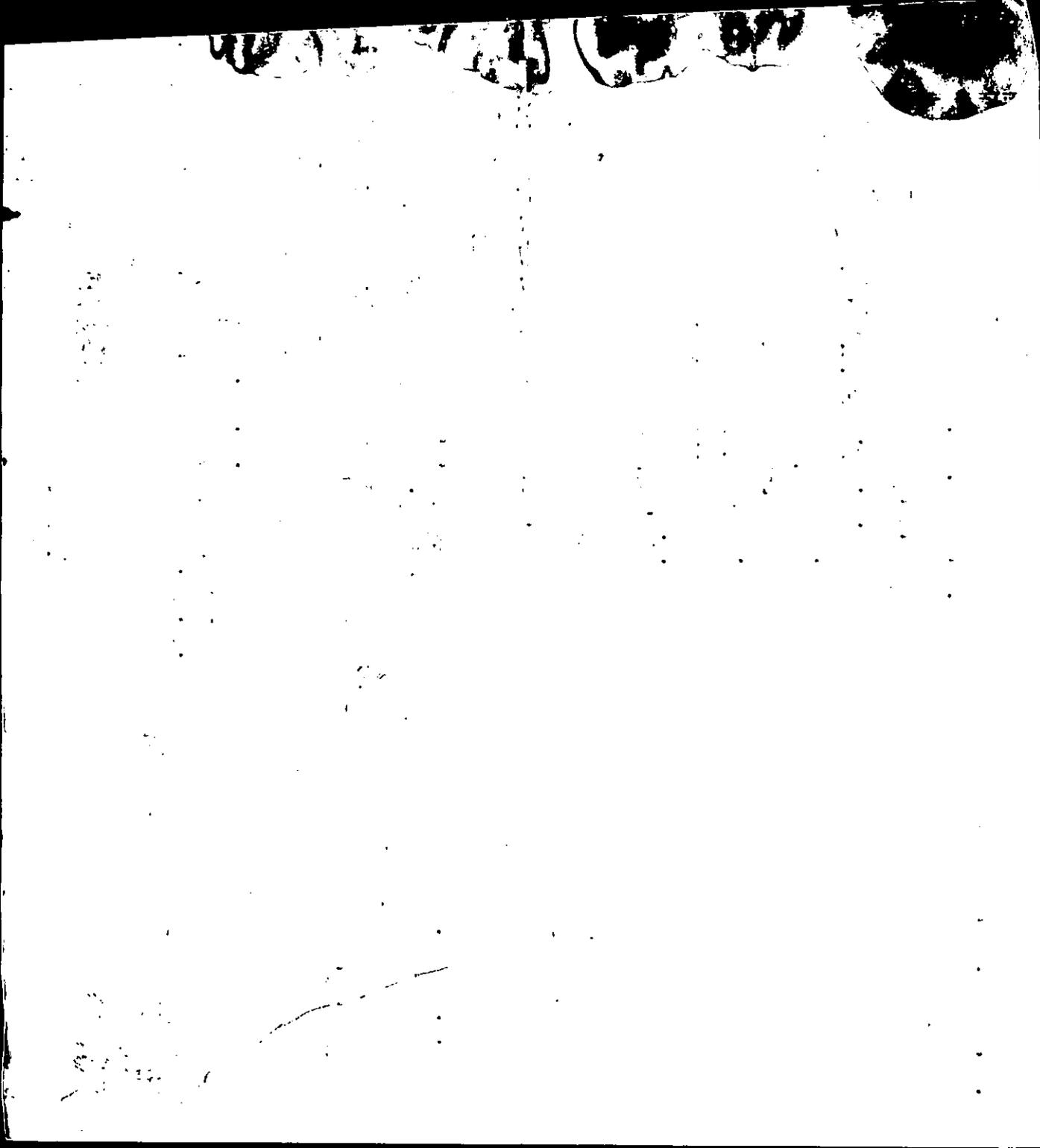
Name of operation _____ Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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) **Leroy Beck**, M. D.
 (Address) **King Hill Bldg. St. Joseph, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

City St. Joseph, Mo

Primary Registration District No. 1001

(No. 1916 No. 3rd. St.)

File No.

Registered No. 1199

St. Ward

2. FULL NAME Christina Friderich

(a) Residence, No. 1916 No. 3rd. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ 81 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 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) New York City N. Y.

FATHER 13. NAME Phillip Scholl

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

MOTHER 15. MAIDEN NAME Elizabeth Keltch

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

17. INFORMANT (ADDRESS) Mrs. F. H. Cornner 405 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Sept. 23, 1936

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Harrison St.

20. FILED 10-12 1936 W. H. Nestlehusch Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Sept 10 1936 to Sept 26 1936. I last saw h. & t. alive on Sept 20 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Angina pectoris

Name of operation Date of operation What test confirmed diagnosis? Clonal Was there an autopsy? Yes

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? Yes If so, specify

(Signed) Perot Beck, M. D. (Address) King Hill Bldg.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If uncertain, state nearest year. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Supplementary

S-33730

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