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.

DEC 4 1936

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

Do not use this space.

38816

File No.
Registered No. 197

1. PLACE OF DEATH
County St Charles
Township
City St Charles (No. 721, Clay St. Ward)
Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME Friderici, Joseph C.
(a) Residence, No. 721 Clay Street St., 1st 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: 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: Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9, 1860

7. AGE: Years 76 | Months 1 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Maxwell Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT (ADDRESS): H. J. Frederici, 5801 Theodore Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter + Paul DATE Oct 26, 1936

19. UNDERTAKER (ADDRESS): A Kron L+U Co. 2707 No Grand Blv

20. FILED 10/24, 1936 Clarence A. Hessler, Registrar A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1936, to 10/24, 1936
I last saw him alive on 10/20, 1936. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Generalized Arteriosclerosis	?
Chronic Cholecystitis	20 yrs
Right Hemiplegia due to Apoplexy	2 wks
Bilateral Bronchopneumonia	6 days

Other contributory causes of importance:
Name of operation No Date of No
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) R. O. Hayden, M. D.
(Address) St Charles Mo