

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 **791**

Do not use this space.

46323

JAN 10 1937

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St Louis MO** (No. **2819 Texas**) St. Ward)

File No.
Registered No. **12109**
St. Ward)

2. FULL NAME

Watherine C. Frederick
(a) Residence, No. **2819 Texas Ave** St. **24** 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 **widowed**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 7 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 years 7

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) **Germany**

MOTHER 13. NAME **not known**

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

MOTHER 15. MAIDEN NAME **not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Emil G. Frederick** (ADDRESS) **320A Nebraska**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Peter & Paul** DATE **Dec 11th** 19**36**

19. UNDERTAKER **H. G. L. & U. Co.** (ADDRESS) **10233 W. 4th St**
DEC 9 1936 **J. Bredeck**

20. FILED 19 **1936** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 7th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Apr.** 1935, to **Dec 7** 1936

I last saw her alive on **Dec 7** 1936. Death is said

to have occurred on the date stated above, at **6:50 P. M.**
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset **12/7/36**

Other contributory causes of importance:
Arteriosclerosis & hypertension

Name of operation **none** Date of
What test confirmed diagnosis? **P.E.** 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) **Wm J. Watson** M. D.
(Address) **1040 Emmet St**

