

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis,** (No. **Deaconess Hospit.**) St. **10850** Ward **3424**

2. FULL NAME **Sidn B. Frederick,**

(a) Residence, No. St. **N.R.** Ward. **Haworth, Cuba.**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. **2** 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 Widowed (OR) WIFE OF Custora A. Frederick,				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1859				
7. AGE 78	YEARS	MONTHS 0	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. Housewife			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home			
	10. Date deceased last worked at this occupation (month and year) 1933			
11. Total time (years) spent in this occupation 50				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington, Ill.				
FATHER	13. NAME William Stewart,			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.			
MOTHER	15. MAIDEN NAME Elizabeth Willet,			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.			
17. INFORMANT W. E. L. Frederick (ADDRESS) Manchester, Mo.				
18. BURIAL, CREMATION, OR REMOVAL St. Paul Churchyard, DATE Mar. 30, 1937				
19. UNDERTAKER Schneider Funeral Home (ADDRESS) Britain, Mo.				
20. FILED MAR 29 1937 J. F. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1937	
22. I HEREBY CERTIFY That I attended deceased from March 26, 1937 to March 27, 1937 . I last saw him alive on March 27, 11:45 P.M. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Intestinal obstruction acute Carcinoma of colon Acidosis, dehydration	
Date of onset 3-19-37	
Other contributory causes of importance: Acidosis, dehydration	
Name of operation.....	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.....	
Nature of injury.....	
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify..... (Signed) Crean K. Linn M.D. (Address) Manchester, Mo.	

WRITE PLAIN, 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.

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