

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

1119
Do not use this space.

791

1003

975

1. PLACE OF DEATH **FEB 12 1938**

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **De Paul Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Frederick 636**

(a) Residence, No. **2755 N. Garrison Ave.** St. **III**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Ma Widower**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 23, 1938** 19

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

22. I HEREBY CERTIFY, That I attended deceased from **Jan 11 1938** to **Jan 23 1938**
 I last saw him alive on **Jan 23 1938** at **8.55 P.M.** Death is said to have occurred on the date stated above, at **8.55 P.M.**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 20, 1957**

Coronary thrombosis Date of onset **1/23/38**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Western Union**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
General arterio sclerosis ?
Cardio vascular renal disease mit by pertussis 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

FATHER 13. NAME **Dont Know**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

MOTHER 15. MAIDEN NAME **Dont Know**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

17. INFORMANT (ADDRESS) **Mr. Harry E. Frederick Warrenton, Missouri**

Name of operation **None** Date of
 What test confirmed diagnosis? **None** Was there an autopsy? **No.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 27, 1938**

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.

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd.**

Manner of injury **---**
 Nature of injury **---**

20. FILE **JAN 26 1938** **J. F. Bredeck** Local Registrar

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify **Resumer Kane**, M. D.
 (Signed) **Roumer Kane** (Address) **1117 N. Grand**

CAUSE OF DEATH 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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)