JUL 5 1938

REC'D AUG 5 1938

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

26529
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Jefferson~~ Primary Registration District No. 117 Registered No. 1162
(c) City Webster Groves (d) Street No. 750 Forest Ave. 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 MARY U. FREDE 630
(a) Residence, No. 750 Forest Ave. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 JOHN F. FREDE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1864

7. AGE: YEARS 74 | MONTHS 4 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as 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 6

FATHER
13. NAME Henry Morr 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany — 6

MOTHER
15. MAIDEN NAME Elizabeth Lande —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany —

17. INFORMANT (ADDRESS) ELIZABETH FREDE 750 Forest Ave W. G. —

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul Cem. DATE July 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave. —

20. FILED [illegible] 1938 19 J. R. Meyer M.D. Dep. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1935, to June 27, 1938
I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 2:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	12/35
Myocarditis	2/36
Coronary artery disease	2/36
Other contributory causes of importance:	
Senility	1935
Cachexia	1937

94 K

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) Wm A McGuire, M. D.
707 (Address) 4603 Pope Ave Saint Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

I X12004

Dr. H. A. McFa

STATEMENT BY LICENSED EMBALMER

I, M. J. Coughlan, Licensed Embalmer No. 2622

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed M. J. Coughlan

Licensed Embalmer No. 2622

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