

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8926

PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4113 N. Grand Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Joseph Frede

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara Frede 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Dec. 20, 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 8 If less than one day  
hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Solar Keeper  
11. Industry or business  
12. Name Wm. Frede  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Frede  
(b) Address 4113 N. Grand Blvd.  
17. (a) Burial (b) Date thereof Oct. 31, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic  
18. (a) Signature of funeral director Wm. H. Paschdag  
(b) Address 2825 N. Grand Blvd.  
19. (a) OCT 30 1940 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4113 N. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1940 hour 3 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Coronary Infarct  
Due to CHD  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5  
23. Signature Joseph M. Frede (M. D. or other)  
Address Deputy Registrar

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Licensed Embalmer No. 2971

P. O. Address.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**