No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40600

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10371

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5yrs.11mo.25days (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. ~~2126 a Benton St.~~ 5300 Arsenal St (If rural, give location) 13
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harry Frederick
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 WIDOWED
6. (b) Name of husband or wife Leona Frederick
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 20, 1898 (Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Collector
11. Industry or business Stix, Baer & Fuller
MOTHER FATHER
12. Name Henry Frederick
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Frances Girk
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant L. Deggendorf
(b) Address 5400 Arsenal St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Gooshart & Gooshart
(b) Address 2228 St. Louis Ave
19. (a) DEC 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1940 hour 6:20 minute A. M.
21. I hereby certify that I attended the deceased from 11-15-39, 19__, to 12-15-40, 19__; that I last saw him alive on 12-15-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paresis (onset 1-21-35x)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. J. Bublis (M. D. or other)
Address City Dist 5400 Arsenal Date signed 12-15-40

(Licensed Embalmer's Statement on Reverse Side)

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. Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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

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