

FILED APR 27 1942

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 7 days**
In this community **16 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Frederock**
3. (b) If veteran, name war..... 3. (c) Social Security No. **9**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Leona Frederock** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **April 7, 1913**
(Month) (Day) (Year)

8. AGE: Years **29** Months **→** Days **10** If less than one day
..... hr. min.

9. Birthplace **Arkmore, Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Waiter**

11. Industry or business **Railroad**

12. Name **Eddie Frederock**

13. Birthplace **Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ora Powell**

15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ora Waters**

(b) Address **2231 Lucas Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-20-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **M.S. Dowell**

(b) Address **1711 N. Taylor Ave.**

19. (a) **APR 20 1942** (Date received local registrar) (b) **J. J. [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis,** **21 000**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **2231 Lucas** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **U**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **17,**
year **1942** hour **3** minute **10 A. M.**

21. I hereby certify that I attended the deceased from **March 10,**
1942 to **April 17,** 1942;
that I last saw him alive on **April 17,** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Prob. Hodgkin's Disease **Unknown**
Duration

Due to.....
Due to..... **H.H. [Signature]**

Other conditions.....
(Include pregnancy within 3 months of death) **72**

Major findings:
Of operations.....
Of autopsy.....
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.....

23. Signature **J. W. Johnson** (M. D. or other) **U**
Address **2661 Phillips** Date signed **4/18/42**

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.....
..... *William C McDowell*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *William C. McDowell*,
Licensed Embalmer No..... *2119*,
P. O. Address.....

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.)

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