7. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31958

Registration District No. 318 (Rec'd NOV 4 1942)

Primary Registration District No. 1002

Registrar's No. 8804

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4314 Arsenal St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 6 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4314A Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary A. Frerking

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 19th (Day) 1875 (Year)

8. AGE: Years 67 Months 0 Days 3 If less than one day hr. min.

9. Birthplace St. Clair, Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Louis Ernst Frerking
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Petri
15. Birthplace Darmstadt, Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant Willmer C. Gerlt
(b) Address 4314A Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) OCT 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd. year 1942 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from 10/10 1942 to Oct 21 1942 that I last saw her alive on Oct 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 wks
Due to Chronic Nephritis	2
Due to —	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

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) no

(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 Preston C. Adell (M. D. ~~or other~~)

Address 3902 Lafayette Date signed 10/23/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1942

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. Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

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.