S. No. 2
M—2-43
5-17-39
1 X33697

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

36364

LED DEC 13 1943 818

Registration District No.

Primary Registration District No. 1003

State File No. 10683

Registrar's No.

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:
Missouri-Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days 0
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2354 Sulphur Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Meta Frederickson

3. (b) If veteran, name war ******

3. (c) Social Security No. *******

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 9 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jens Thomson
13. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace U known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leon Mackey
(b) Address 2354 Sulphur Ave

17. (a) Removal Rail (b) Date thereof Dec 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Falls Iowa

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) DEC 6 1943 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 rd day December
year 1943 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Lebrug 1942, 19, to Dec 3, 1943
that I last saw her alive on Dec 3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left hemiplegia	
Cardiac decompensation	
Due to severe myocarditis	
aneurism fibrillations	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address 1703 So Grand Date signed 12-4-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Boyd
Grand & Lafayette Ave
Sr-5939

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 Frank I. Owens

Licensed Embalmer No. 2245

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.