No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 311

FILED FEB 11 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1148

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: Alexian Bros. Hospital
(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:
(a) State Mo. (b) County 000 17 923
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2126 Gravois Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter J. Frederic
3. (b) If veteran, name war No
3. (c) Social Security No. ------
4. Sex Male
5. Color or race Wht.
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 Unknown (Month) (Day) about 1866 (Year)
8. AGE: Years About 78 Months Unknown Days If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Barber (Retired)
11. Industry or business
MOTHER FATHER
12. Name Nickolas J. Frederic
13. Birthplace Loraine (City, town, or county) France (State or foreign country)
14. Maiden name Mary Gundolf
15. Birthplace Loraine (City, town, or county) France (State or foreign country)
16. (a) Informant Lillian Hyde
(b) Address 2126 Gravois, Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul
18. (a) Signature of funeral director Wm. G. Mogdell
(b) Address 1926 Allen Ave.
19. (a) FEB 4 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1944 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan 4, 1944, to Feb. 4, 1944 that I last saw him alive on Feb 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis
Cardiac Decompensation
Due to Dilation of Heart
Due to Arterio-Sclerosis
Other conditions (Include pregnancy within 3 months of death) 93
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 S. M. Kimmer (M. D. or other)
Address 3014 S. Jefferson Date signed Feb 4/44

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1467

P. O. Address 1926 allen

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

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