V. S. No. 2
100M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25530

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 101

92
9
3

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles (If outside city or town limits, write "RURAL") 92

(d) Street No. 822 N. Sixth St. (If rural, give location) 9 3

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

If yes, name country

3. (a) PRINT FULL NAME Nancy Ann Fredholt

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 Married

6. (b) Name of husband ~~or wife~~ Harry L. Fredholt

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October (Month) 20 (Day) 1877 (Year)

8. AGE: Years 66 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Montgomery City Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Allen Brookshire
13. Birthplace Montgomery County, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Nate
15. Birthplace Montgomery County, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harry Fredholt

(b) Address 822 N. Sixth, St. Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles Mo

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co

(b) Address 801 N. Second, St. Charles Mo

19. (a) 6/24/1944 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 6-3, 1944, to 6-20, 1944; that I last saw her alive on 6-20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post operative Shock	2 hours
Due to uterine hemorrhage	2 wks
Due to Leiomyoma of uterus	?
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Leiomyoma of uterus

Of autopsy No

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 R O Hayden MD (M. D. or other)

Address St Charles, Mo Date signed 6/24-44

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-22-44

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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 [illegible] not embalmed, fact should be so stated above.