

No. 2  
-8-13  
5-17-39  
X37823

State File No. \_\_\_\_\_  
Registrar's No. 4

FILED APR 5 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4193

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

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 6 mo. 28 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann 27  
(If outside city or town limits, write "RURAL")

(d) Street No. Tenth Street 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME Gloria Katharine Frederick

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th  
year 1945 hour 4 minute 20 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 11, 1944  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-6-1945 to 3-9-1945  
that I last saw her alive on 3/8-45 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>6</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Bronchial Pneumonia  
Due to Influenza

9. Birthplace Hermann, Mo.  
(City, town, or county) (State or foreign country) 0

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 33 1/2

11. Industry or business \_\_\_\_\_

Major findings: 33 1/2

MOTHER FATHER { 12. Name Erwin Frederick

13. Birthplace Stonyhill, Mo.  
(City, town, or county) (State or foreign country) 0

14. Maiden name Edna Meyer

15. Birthplace Hermann, Mo.  
(City, town, or county) (State or foreign country) 0

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Erwin Frederick

(b) Address Hermann, Mo.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence ✓

17. (a) ~~Hermann, Mo.~~ Mary (b) Date thereof Mar. 11, 1945  
(Burial, \_\_\_\_\_) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Howard Workman (M. D. or other) \_\_\_\_\_

19. (a) Mar. 10/45 (b) A. H. Siedler  
(Date received local registrar) (Registrar's signature)

Address Hermann Date signed 3-10-45

1261

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-45

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed Chas. N. Pope

Licensed Embalmer No. 2552

P. O. Address Herrman, 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.**