

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **39154**
Registrar's No. **11648**

FILED JAN 11 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
4950 Lindell Blvd.,
(If not in hospital or institution, write street number or location)

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

In this community Life time.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4950 Lindell Blvd.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Amelia D. Frerichs,

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 Widowed

6. (b) Name of husband or wife Fred'k W. Frerichs. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 7, 1862,
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>0</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name William Zeller,

13. Birthplace Wiesbach, Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Christine Haarstick,

15. Birthplace Lohen Hameln, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred'k W. Frerichs,

(b) Address 230 Rosemont Ave., W. G.

17. (a) burial (b) Date thereof 1/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary.

(b) Address 4161 Lindell Blvd.

19. (a) JAN 2 1946 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1945 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 1940, to 12/31, 1945;
that I last saw h. alive on 12/31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery obstruction 2 hours

Due to hypertension years

Due to arteriosclerotic heart disease 9

Other conditions None
(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? _____

While at work? _____ (Specify type of place)

(a) Manner of injury _____

23. Signature Sherlock (M. D. or other) _____
Address 4500 Olive Date signed 1/4/46

Dr. S. Sale

FEB 25 1948

MAR 18 1948

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

Robert P. Sampster

Licensed Embalmer No.

4290

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.