No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 39663

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11055

WRITE PLAINLY—USING 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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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
(If outside city or town limits, write "RURAL")
(d) Street No. 4943 Sunshine Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Frederick
3. (b) If veteran, name war ---
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 5 (Day) 1884 (Year)

8. AGE: Years 63 Months 4 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Steam Fitter
11. Industry or business
FATHER
12. Name Christopher Frederick
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Louise Meinhardt
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Kate Frederick
(b) Address 4943 Sunshine Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Resurrection Cem.
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) DEC 2 - 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1947 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1947 to Dec 2, 1947 that I last saw him alive on Dec 1, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocarditis acute (Cardiac failure | 3 days |
| Due to: Cirrhosis of liver | 1 yr |
| Due to: Myocarditis chr | 1 y |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 A M Francis (M. D. or other) MD
Address 3701 Franklin Date signed 12-2-47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Frank J. Hyland.

Licensed Embalmer No.....2645

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.