

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **10176**
Registrar's No. **2530**

Registration District No. **318** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7814 Ivory Ave.
 (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) _____

3: (a) PRINT FULL NAME Joseph Fredericks
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: May 22 1873
 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 29
 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Joseph Fredericks
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Matilda
 15. Birthplace Unk
 (City, town, or county) (State or foreign country)

16. (a) Informant Nettie Matheis
 (b) Address 7814 Ivory

17. (a) Burial (b) Date thereof 3-15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler Und Co
 (b) Address 7420 Michigan Ave.

19. (a) MAR 14 1948 (b) J. St. Bredek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7814 Ivory
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 1948
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
3-5-1948 to 3-9-1948
 that I last saw him alive on 3-9-48
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to arteriosclerosis

Due to Senility
 Other conditions (Include pregnancy within 3 months of death) 9/2/48

Major findings:
 Of operations _____
 Of autopsy _____
 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) (e) Means of injury _____

23. Signature J. St. Bredek (M. D. or other) _____
 Address 6006 Va. Ave. Date signed 3-12-48

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.