

FILED MAY 15 1948

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

14091

State File No. 14191

Registrar's No. 4318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Scott
 (c) City or town Bluffs
(If outside city or town limits, write "RURAL")
 (d) Street No. N.R.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Randal Orren Frederick

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jessie Frederick 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased March 18 1910
(Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Asst. Chief Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Bethel Frederick
 13. Birthplace Crawford Co. Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Shanks
 15. Birthplace Crawford Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Frederick
 (b) Address Bluffs, Ill., Box 254
 17. (a) Removal (b) Date thereof 5-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DuQuoin, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) MAY 7 1948 (b) J. F. Brasack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1948 hour 12 minute 13 P. M.

21. I hereby certify that I attended the deceased from April 24
1948 to May 6 19 48
 that I last saw him alive on May 6 19 48
 and that death occurred on the date and hour stated above.
 Immediate cause of death Hemorrhage, multiple Duration _____

Due to Monocytic leukemia with thrombo-
cytopenia

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy As above

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) (e) Means of injury 0

23. Signature FR Bradley (M. D. or other) _____
 Address Barnes Hospital Date signed 5/7/48

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

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 S. Pennington*

Licensed Embalmer No. *4194*

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.