No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39392
State File No.

FILED DEC 27 1948
Registration District No. 42
Primary Registration District No. 1000
Registrar's No. 1365

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 904 No. 9th, St.
(If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles P. Frederick
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: ---
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: June (Month) 11 (Day) 1874 (Year)

8. AGE: Years 74 Months 5 Days 28 If less than one day ... hr. ... min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Nightwatchman
11. Industry or business: ---
FATHER 12. Name: Charles H. Frederick
13. Birthplace: unk (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name: Christinia Scholl
15. Birthplace: New York (City, town, or county) New York (State or foreign country)
16. (a) Informant: Mr. Frank H. Conner
(b) Address: 405 Highland-St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Stainey Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 12-22-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1948 hour 12 minute 20 a.m.
Viewed
21. I hereby certify that I attended the deceased from Dec 9th, 1948, to ..., 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide by taking over dose of Phenobarbital	an
Due to:	
Due to:	
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): Suicide
(b) Date of occurrence: Dec 4th 1948
(c) Where did injury occur?: St Joseph, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: Home (Specify type of place)
While at work?: No (e) Means of injury: Phenobarbital
23. Signature: B.W. Tadlock (M.D.) Coroner
Address: KING HILL BLDG St Joseph, Mo. Date signed: 12-10-48

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 George A. Kerby, Registered Apprentice No. 264 working under my personal supervision.

Signed John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.