

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31765

S. No. 300

v. 10.48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8440			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>000</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>49 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>27 3114 BELL</u>					
3. NAME OF DECEASED a. (First) <u>CORDELIA</u>			b. (Middle) _____			c. (Last) <u>FREDERICK</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27 1949</u>			5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
8. DATE OF BIRTH <u>APRIL 14 1903</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Brownsville Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>JAMES FREDERICK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>James Frederick 3114 BELL AVE</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Thrombocytopenia</u>						<u>3 wk.</u>	
		DUE TO (c) <u>Acute monocytic leukemia</u>						<u>2 mo.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>740</u>		21f. HOW DID INJURY OCCUR? <u>2040</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>August 10 1949</u> , to <u>Sept. 27, 1949</u> , that I last saw the deceased alive on <u>Sept 27, 1949</u> , and that death occurred at <u>4:50 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Bradley</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital,</u>		23c. DATE SIGNED <u>9/27/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis county Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Farver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennie Love 3103 Washington Ave.</u>					

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

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.