

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2532 State File No. 49 Registrar's No.

318 REG. DIST. NO.

1003 PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) CARO		b. (Middle) CLIFTON	
		c. (Last) FREDERICK	
4. DATE OF DEATH (Month) (Day) (Year) January 2, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1877
9. AGE (In years last birthday) 73		10. MONTHS	10. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Dixon Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Dewitt C. Yarbrough		13b. MOTHER'S MAIDEN NAME Mary Turner	
14. NAME OF HUSBAND OR WIFE Jacob Frederick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.O.P.H. Files, 6600 Washington Ave.			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Primary arteriosclerosis lat. dis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Anomalous Pyelonephritis Sen. Senility	
		INTERVAL BETWEEN ONSET AND DEATH 3 wks. ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from Dec. 31, 1950, to Jan. 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 10:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Fertile Eck (M.D.)		23b. ADDRESS 508 N. Grand	
23c. DATE SIGNED Jan 3, 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (r)		24b. DATE Jan 4, 1951	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.	
DATE REC'D BY LOCAL REG. JAN 4 1951		REGISTRAR'S SIGNATURE J. B. L... ..	
25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave.		ADDRESS	

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.