

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9729

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

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 2032 North Fourth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) L.	c. (Last) Fredenburg	4. DATE OF DEATH (Month) (Day) (Year) March 11 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 25 1895	9. AGE (In years last birthday) Months Days Hours Min. 55 6 16	IF UNDER 18 SEE
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Railroad Car Shop	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Fredenburg	13b. MOTHER'S MAIDEN NAME Lou Fallis	14. NAME OF DECEASED'S WIFE Eula (Regot) Fredenburg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES World War I	16. SOCIAL SECURITY # 498-10-9129	17. INFORMANT'S SIGNATURE OR NAME Mrs Eula Fredenburg-St. Charles, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY INFARCTION		6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, hypertensive HEART DISEASE DUE TO (c) Cirrhosis of Liver		5 yrs 4/201 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-27**, 19**50**, to **3-11**, 19**51**, that I last saw the deceased alive on **3-11**, 19**51**, and that death occurred at **5:15 P.** m., from the causes and on the date stated above.

23a. SIGNATURE W. Lawrence (Degree or title)	23b. ADDRESS 114 N. Main St. Charles Mo	23c. DATE SIGNED 13 Mar 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 14-1951	24c. NAME OF CEMETERY OR CREMATORY St. Charles	24d. LOCATION (City, town, or county) (State) Borromeo St. Charles Co., Mo.
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DATE REC'D BY LOCAL REG. March 14 51	REGISTRAR'S SIGNATURE Francis Bennett	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer	ADDRESS 800 N. 2nd - St. Charles, Mo.
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