

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2965

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF BRKS MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>305 days</b>		7. <b>2079</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMIN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>5625 Goodfellow</b>	

3. NAME OF DECEASED (Type or Print) <b>FREDERICK</b>	a. (First)	b. (Middle)	c. (Last) <b>DEFFORD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8-20-51</b>
---------------------------------------------------------	------------	-------------	-----------------------------	---------------------------------------------------------

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>4-29-87</b>	9. AGE (In years last birthday) <b>64</b>	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tin Scrapper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Garfield Defford</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Grabel</b>	14. NAME OF HUSBAND OR WIFE
-----------------------------------------------	--------------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes WWI</b>	16. SOCIAL SECURITY NO. <b>497-05-0927</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>	ADDRESS
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	----------------------------------------------------------------------------------	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION SKULL FRACTURE, COMPOUND, WITH EXTENSIVE LACERATION OF BRAIN</b>	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>SUICIDAL FALL FROM BUILDING (VETERAN'S DUE TO (b) HOSPITAL.)</b>  <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) <b>978X</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>1. EMPHYSEMA, PULMONARY, MODERATE 2. POST-OPERATIVE REPAIR OF HIATUS HERNIA</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	-------------------------------------------------------------------------------------

21a. AGGRIEVED SUICIDE (Specify) <b>HOMICIDE SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>V.A. Hospital</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>JEFFERSON BARRACKS, MISSOURI</b>
-------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 20 51 11:58 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>SUICIDAL FALL</b>
----------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------------------

22. I hereby certify that I attended the deceased from 10-19, 1950, to 8-20, 1951, that I last saw the deceased ~~alive~~ ~~alive~~, and that death occurred at 11:58P m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. Estwell</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>8-21-51</b>
-------------------------------------	----------------------------------	-----------------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Aug. 24, 1951.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>
------------------------------------------------------------	------------------------------------	----------------------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>8-22-51</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Dombi</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MATH HERMANN &amp; SON, 2161 E. Fair, St. Louis, Mo.</b>	ADDRESS
--------------------------------------------	--------------------------------------------------	-------------------------------------------------------------------------------------------------	---------

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

*OK. Williams  
8/22/51*

**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 \_\_\_\_\_

*Homer W. Drutz*

Licensed Embalmer No. \_\_\_\_\_

*3882*

P. O. Address \_\_\_\_\_

*St. Louis*

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.