

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10335

State File No.

2715

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2149</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>5846 Lindenwood A ve.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Frederick</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1952</u>
--	------------	-------------	-----------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 8, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min. Hours	IF UNDER 1 Min. Mins.
-----------------	---------------------------	--	--	---	---------------------------	--------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Eng</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rapp & Rapp</u>	11. BIRTHPLACE (State or foreign country) <u>Clay City, Ill.,</u>	12. CITIZEN OF WHAT COUNTRY?
---	---	--	------------------------------

13a. FATHER'S NAME <u>George Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Miller</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nellie Miller</u>	ADDRESS <u>5846 Lindenwood 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease & recent infarction involving almost entire wall of left ventricle</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1) Atherosclerosis</u> <u>2) Pulmonary edema</u> DUE TO (c) <u>3) Occlusion of left anterior artery</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)
--	--	---

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? <u>4201</u>
---	--	---

22. I hereby certify that I attended the deceased from 19 March, 1952, to 21 March, 1952, that I last saw the deceased alive on 20 March, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Mullerby, M.D.</u>	(Degree or title)	23b. ADDRESS <u>3804 Wilburton</u>	23c. DATE SIGNED <u>3-21-52</u>
---	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>10180 Gravois</u>
---	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>MAR 22 1952</u>	REGISTRAR'S SIGNATURE <u>Earl Smith md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER</u>	MORTUARY ADDRESS <u>COLONIAL MORTUARY 6464 Chippewa St. St. Louis, Missouri</u>
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Mullarky
3804 Wilmington Ave

1:00 PM

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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 78141 Broadway

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.