

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11356

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 584

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>	c. LENGTH OF STAY (in this place) <u>35 yrs</u>	5. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u> <u>4810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4765 Heidelberg</u>		d. STREET ADDRESS <u>4765 Heidelberg</u> <u>9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>A</u> c. (Last) <u>Fredricksen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 7, 1872</u>	9. AGE (In years less birthday) <u>79</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pattern maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Fredricksen</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Hadenjaeger</u>	14. NAME OF HUSBAND OR WIFE <u>Theckla Fredricksen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theckla Fredricksen</u> ADDRESS <u>4765 Heidelberg</u>
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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 <u>5 years</u> <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, chronic</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Hxv1</u>			

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) _____
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? _____

22. I hereby certify that I attended the deceased from May 2, 1947, to 3-1, 1952, that I last saw the deceased alive on 3-16, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William R. Wilucki MD</u> (Degree or title)	23b. ADDRESS <u>8301 E. Gravois</u>	23c. DATE SIGNED <u>3-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter &amp; Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-3-52</u>	REGISTRAR'S SIGNATURE <u>Hebert R. Donker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein &amp; Sons</u> ADDRESS <u>7027 Gravois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Graves*

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.