

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23105**
 REG. # **101,345**
 BIRTH NO. **JUN 27 1952**

 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1610**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS 2179	
c. LENGTH OF STAY (In this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) 4049 BOTANICAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) J. c. (Last) FREDERICKS		4. DATE OF DEATH (Month) JUNE (Day) 14 , (Year) 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1 APRIL 1890
9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME HENRY J. FREDERICKS		13b. MOTHER'S MAIDEN NAME FREDERICKA DIETERLE	
14. NAME OF HUSBAND OR WIFE MARIE FREDERICKS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 497 03 0514	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, SIGMOID WITH METASTASES TO LIVER ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. COLON, SIGMOID ADENOCARCINOMA WITH METASTASES	
19a. DATE OF OPERATION 5-22-52		19b. MAJOR FINDINGS OF OPERATION COLON, SIGMOID ADENOCARCINOMA C LIVER & LYMPH NODE 4200	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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) METASTASES (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 APRIL 14 10 52 , to JUNE 14 1952 , HEK OXK 6666666666666666 12:52P m., from the causes and on the date stated above.			
23a. SIGNATURE R.A. Huckstep		23b. ADDRESS VAH, JEFF. BRKS 23, MISSOURI	
23c. DATE SIGNED 6-15-52			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 17, 1952	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. 6-16-52		REGISTRAR'S SIGNATURE Herbert R. Dombke, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER MORTUARY		ADDRESS 6464 CHIPPEWA ST.	

SW (Licensed Embalmer's Statement on Reverse Side)

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

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 7814 S. 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.