

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36319

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HILLSBORO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>FREDERITZ</u> c. (Last) <u>TZT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 5 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2 SEPT. 9 1869</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 1 Wk. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MAXVILLE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>MICHAEL FREDERITZ</u>	13b. MOTHER'S MAIDEN NAME <u>CYNTHIA RICHARDSON</u>	14. NAME OF HUSBAND OR WIFE <u>DEC.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORA WALKER</u>	ADDRESS <u>ST. LOUIS COUNTY MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>? 6 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis of coronary arteries.</u>		<u>?</u>
	DUE TO (c) <u>Senility without psychosis.</u>		<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Benign prostatic hypertrophy with urinary retention.</u>		<u>8 days</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)
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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?
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22. I hereby certify that I attended the deceased from Sept 8, 1953 to Nov. 5, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell M.D.</u> (Degree or title)	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>11-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 9 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION</u>	24d. LOCATION (City, town, or county) (State) <u>ARNOLD MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-8-53</u>	REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUN. HOME</u>	ADDRESS <u>IMPERIAL MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9.300
0.48
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED NOV 12 1953

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial MO*

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.