

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25639

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1666

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. CITY OR TOWN Overland <i>426</i>	
c. LENGTH OF STAY (In this place) 2 months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8901 Olden		e. STREET ADDRESS (If rural, give location) 8901 Olden	
3. NAME OF DECEASED (Type or Print) a. (First) Nicholas		b. (Middle) G.	
c. (Last) Frederic		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1954	
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 10, 1880
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office Clerk	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Government	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Nicholas John Frederic		13b. MOTHER'S MAIDEN NAME Augusta Herman	
14. NAME OF HUSBAND OR WIFE Sarah Carlin Frederic		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Sp. Amer. War.	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Denny, 8901 Olden, Overland	
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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral sclerosis, head disease DUE TO (c) 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) 4200	
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 June 8, 1954 , to July 11, 1954 , that I last saw the deceased alive on July 9, 1954 , and that death occurred at 4:00a m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter Gray		23b. ADDRESS 7811 St. Charles Road, St. Louis, Mo.	
23c. DATE SIGNED July 12, 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 14, 1954		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE G. Hoffmeister	
DATE REC'D BY LOCAL REG. 7/13/54		REGISTRAR'S SIGNATURE Heckler	
25. FUNERAL DIRECTOR'S SIGNATURE G. Hoffmeister		ADDRESS Colonial Mortuary, Chippewa, 6464	

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

Dr. W. C. Gray
8711 St. Charles Rock Road

✓ 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.....
Signature of Student Embalmer

Signed..... *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 13th Street*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.