FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42059

BIRTH NO. 91208-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9898

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Missouri
c. LENGTH OF STAY (in this place): 8 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florissant - 21 4051
d. STREET ADDRESS (If rural, give location): 905 North Lafayette

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Wilson
c. (Last): Frederiksen

4. DATE OF DEATH (Month) (Day) (Year): 11 - 10 - 55

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 11-10-55
9. AGE (In years last birthday) IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Clifford Frederiksen
13b. MOTHER'S MAIDEN NAME: Jeanne Sullivan
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jeanne Frederiksen, 905 N. Lafayette St. Louis-21 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity — 8 hrs
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: 762.5
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10, 1955, *to* 11-10, 1955, *that I last saw the deceased alive on* 11-10, 1955, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur Bochner Jr. MD
23b. ADDRESS: 634 N. Grand St. Louis
23c. DATE SIGNED: 11/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 11-14-55
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24d. LOCATION (City, town, or county) (State): Florissant Mo

DATE REC'D BY LOCAL REG.: NOV 14 1955
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE: White Chapel Ferguson 21 Mo
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed James Kolstad

Licensed Embalmer No. .....

P. O. Address Ferguson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.