

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10261**  
**2688**

FILED APR 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **2 year 11** d. CITY OR TOWN **St. Louis,** e. STREET ADDRESS (If rural, give location) **3437 Illinois Ave.** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital** e. STREET ADDRESS **3437 Illinois Ave.**

3. NAME OF DECEASED a. (First) **Anna** b. (Middle) \_\_\_\_\_ c. (Last) **Frederick.** 4. DATE OF DEATH (Month) (Day) (Year) **March 15, 1957**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow 2** 8. DATE OF BIRTH **July 31, 1874** 9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 12 hrs. Hours) (Min.) **82 7 14**

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo. 0** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Gustav Blatz.** 13b. MOTHER'S MAIDEN NAME **Anna Herbel.** 14. NAME OF HUSBAND OR WIFE **Anton Frederick.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Marie Ammon** ADDRESS **8120 Pennsylvania**

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) **Hypertensive Cardio-Vascular Dis.** INTERVAL BETWEEN ONSET AND DEATH **7 yrs. plus** ANTECEDENT CAUSES DUE TO (b) **Generalized Arteriosclerosis** **2 yrs. plus** DUE TO (c) \_\_\_\_\_ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **443x**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) (Min.) \_\_\_\_\_ 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 **Feb. 1 19 55**, to **March 15, 19 57**, that I last saw the deceased alive on **March 15, 19 57**, and that death occurred at **11:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D. 0** 23b. ADDRESS **5800 Basinal** 23c. DATE SIGNED **3/16/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Mar. 19, 1957** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **MAR 19 57** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Schumacher's** ADDRESS **3013 Meramec St.**

**M. G. B.** (Licensed Embalmer's Statement on Reverse Side)

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

28 APR 19 1966

FORM

10-10-65

STATEMENT BY LICENSED EMBALMER

FORM

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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 .....  
Signature of Student Embalmer

Signed *Horner W. Dutz* .....  
Licensed Embalmer No. *388* .....  
P. O. Address *St. Louis* .....

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.