Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-026950
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7531

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: 14 Jewish Hos'p. — Length of stay in Ib: 2059

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6221 Southwood — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Werner — Middle: H. — Last: Fredricks

**4. DATE OF DEATH**: Month 7 — Day 31 — Year 1958

**5. SEX**: male 0

**6. COLOR OR RACE**: white

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: Dec, 25, 1896

**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Photographer & printing

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country): Berlin Germany

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Ernst Hugo Friedrichs

**13b. MOTHER'S MAIDEN NAME**: Unknown

**14. NAME OF HUSBAND OR WIFE**: Joan Cohn H. Baum

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 486-20-8419

**17. INFORMANT**: Joan Fredricks — Address: 6221 Southwood

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Thrombosis — 8 days

DUE TO (c): Arteriosclerotic Cardiovascular Disease — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

**19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐ — 1

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**: Hour a.m. p.m. — Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** — COUNTY — STATE

**21.** I attended the deceased from July 8, 1958, to July 31, 1958 and last saw him alive on July 31, 1958. Death occurred at 3:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Jean Birenbaum MD

**22b. ADDRESS**: 462 N. Taylor

**22c. DATE SIGNED**: 8/1/58.

**23a. BURIAL, CREMATION, REMOVAL** (Specify): removal

**23b. DATE**: 8/3/58

**23c. NAME OF CEMETERY OR CREMATORY**: Mt. Sinai

**23d. LOCATION** (City, town, or county) (State): 8400 Gravois

**24. FUNERAL DIRECTOR**: Mayer — ADDRESS: 4356 Lindell Blvd

**25. DATE RECD. BY LOCAL REG.**: AUG 2 '58

**26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

## 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 Lawrence O. Gerlin

Licensed Embalmer No. 4959

P. O. Address St. Louis, M

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.