

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034220

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8904

300  
1-57

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis                              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Affton 4600   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Lutheran Hosp.   |  | Length of stay in lb<br>Life  | d. STREET ADDRESS (If outside, give location)<br>27 6901 Richford Lane                            |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Frank E. Frederick  |  |   | 4. DATE OF DEATH<br>Month Day Year<br>9/13/58   |
| 5. SEX<br>Male <input checked="" type="radio"/>   | 6. COLOR OR RACE<br>White <input checked="" type="radio"/> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Sept. 17, 1907  |
| 9. AGE (In years last birthday)<br>50   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>President Wacker-Helderle  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Funeral Home   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri                                 |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  | 13a. FATHER'S NAME<br>Anton H. Frederick  |   |
| 13b. MOTHER'S MAIDEN NAME<br>Theresa Stines   |  | 14. NAME OF HUSBAND OR WIFE<br>Viola  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br>No   |  | 16. SOCIAL SECURITY NO.<br>488-05-8855  | 17. INFORMANT<br>Viola Frederick-6901 Richford Lane<br>Affton, Mo.                                |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial Infarction<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery thrombosis<br>DUE TO (c) |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>8 hrs   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Diabetes Mellitus  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 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 Jan 27, 1958, to Sept 13, 1958 and last saw him alive on Sept 13, 1958<br>Death occurred at 1/27 m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE (Degree or title)<br>Edward W. Czubinski M.D.  |  | 22b. ADDRESS<br>3701 Grand L  | 22c. DATE SIGNED<br>9/14/58   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br>9/16/58                                       | 23c. NAME OF CEMETERY OR CREMATORY<br>Park Lawn Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Co., Missouri                          |
| 24. FUNERAL DIRECTOR<br>Wacker-Helderle   |  | ADDRESS<br>3634 Gravois   | 25. DATE RECD. BY LOCAL REG.<br>SEP 16 '58  |
|   |  |   | 26. REGISTRAR'S SIGNATURE<br>Carl Smith MD  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Frank J. Ghand Sr.* .....  
Licensed Embalmer No. *2645* .....  
P. O. Address *.....*

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.