

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3791

FILED APR 27 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (if outside, give location) <u>4437 Gibson Ave.</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>FRED</u> Last <u>FREDERICK</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>19</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> <u>Never Married</u> <input type="checkbox"/> <u>Widowed</u> <input type="checkbox"/> <u>Divorced</u> <input type="checkbox"/>	8. DATE OF BIRTH <u>8-17-1913</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Molder-National Bearings Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Frederick</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Eyerkuss</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Frederick</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ann Frederick 4437 Gibson Ave.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. CAUSE WAS CAUSED BY:
 IMMEDIATE CAUSE (a) PANCREATITIS, ETIOLOGY UNKNOWN
 DUE TO (b) 587.0
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
6 WEEKS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
LAENNEC'S CIRRHOSIS, ETIOLOGY UNDETERMINED

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
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 JAN. 19, 1961 to APRIL 19, 1961 and last saw her/him alive on APRIL 19, 1961
 Death occurred at 12:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. O. Vermillion, M.D. (Degree or title)
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 4/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Apr. 22, 1961
23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd. ADDRESS
25. DATE RECD. BY LOCAL REG. APR 20 1961
26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Edwin A. McAlmuth

Licensed Embalmer No. 3024

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.