

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38739

State File No. 10136

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 <i>Mo.</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>				c. CITY OR TOWN <i>Florissant</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>De Paul Hospital</i>				STREET ADDRESS (If rural, give location) <i>645 St. Catherine St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Leona</i>		b. (Middle) <i>M.</i>		c. (Last) <i>Fredericks</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 6 1954</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Oct 15 1909</i>	
9. AGE (In years last birthday) <i>45</i>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chief Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Telephone</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Owensville Mo.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Richard Brehe</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Leweke</i>		14. NAME OF HUSBAND OR WIFE. <i>William R. Fredericks</i>			
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. <i>488-03-6404</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Wm. R. Fredericks 645 St. Catherine</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Breast</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs -</i>	
19a. DATE OF OPERATION <i>Oct 14 1951</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Breast</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>170x</i>					
22. I hereby certify that I attended the deceased from <i>June 1951</i> , to <i>11-6</i> , 1954, that I last saw the deceased alive on <i>11-6</i> , 1954, and that death occurred at <i>10 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>M. R. Johnson</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Ferguson Mo</i>		23c. DATE SIGNED <i>11-8-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 9 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 8 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		SULLIVAN FACTOR'S SIGNATURE <i>Sullivan</i>		ADDRESS <i>2849 N. Esch</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

VS APR 14 1969

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

Albert Mayfield

Licensed Embalmer No. 309

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.