

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36072
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. 791

(b) Township Primary Registration District No. 1003

(c) City St. Louis (d) Street No. 5340 Maple St. 5
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thora Fredeen

(a) Residence, No. 5340 Maple St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1863

7. AGE YEARS 73 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11. 2, 1937 to 10-16, 1937
I last saw h. Ev alive on 10-16, 1937. Death is said to have occurred on the date stated above, at 10:52 a. m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
Acute dilatation of heart

Date of onset 597/1290

Other contributory causes of importance:

92a

Name of operation Date of
What test confirmed diagnosis? Chin hist. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Otto T. Walson I, M. D.
(Signed) Otto T. Walson
(Address) 2904 Park Ave

12. BIRTHPLACE (CITY OR TOWN) Oslo (STATE OR COUNTRY) Norway

13. NAME Thos Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Fred. J. Swaine, Jr. (ADDRESS) 5340 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 10/19/37

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons (ADDRESS) 1024 Chavois Avenue.

20. FILED 1937 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clarence P. Kidwell

Licensed Embalmer No. 3877

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.)