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

40,045
Do not use this space.

1. PLACE OF DEATH DEC 13 1937
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 11032
(c) City St. Louis, Mo (d) Street No. 2755 N. Garrison St.
(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 Mary Frederick
(a) Residence, No. 2755 N. Garrison St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Frederick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1864

7. AGE: YEARS 72 MONTHS 11 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER
13. NAME --- Connor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Margaret Burke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Frank Frederick Jr, 3201 Chippewa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 12/2/37, 19

19. FUNERAL DIRECTOR (ADDRESS): 11 Kroll Livery & Undtkg Co, 2707 N. Grand Blvd

20. FILED NOV 30 1937, 19 J F Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1937, to Nov 29, 1937
I last saw her alive on Nov 28, 1937 Death is said to have occurred on the date stated above, at 8 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion of Coronary Artery of Heart	
93c	

Other contributory causes of importance:

Chronic Myocarditis	years
Dipsomania, Chronic Gastritis	"
Paralysis of Vocal Cords	"

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinically 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 No
(Signed) E. A. Schweninger, M. D.
(Address) 4470 Natural Bridge ave

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154

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.)