

o. 2
-10-39
7-39
X21492

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
In this community 11-YRS.
years, months or days

3. (a) PRINT FULL NAME MABELLE DRURY FREDKING
3. (c) Social Security No. _____
8. (b) If veteran, name war _____

4. Sex FEMALE race WHITE
5. Color or race _____
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife R. MONROE FREDKING
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased DECEMBER-27-1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace MCCOUPIN CO. ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name CHARLES DRURY
18. Birthplace MCCOUPIN ILLINOIS
14. Maiden name SARAH BURLESON
15. Birthplace MCCOUPIN CO. ILLINOIS

16. (a) Informant Mrs. Mabel Fredking
(b) Address 522 SONNYSIDE AVE. W.C.

17. (a) BURIAL (b) Date thereof SEPT-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAKWOOD CEM. ALTON, ILL.

18. (a) Signature of funeral director Parker Ind. Co.
(b) Address WEBSTER GROVES, MO.

19. (a) SEP 13 1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES NR
(If outside city or town limits, write "RURAL")
(d) Street No. 522 SONNYSIDE AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 10th
year 1940 hour 6.10PM minute _____ M.

21. I hereby certify that I attended the deceased from May 12th
1940 to Sept. 10th, 1940:
that I last saw her alive on Sept 10th 100.A.M., 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature P. B. Bowers (M. D. or other) _____
Address Kirkwood Mo. Date signed 9-12-40

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

RECEIVED OCT 25 1940

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Lo Lo Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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 this body is not embalmed, above space should be left blank.