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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8563

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2353

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Calhoun NR 11 0

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Golden Eagle, Ill.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mr. Charles Fredrickson

3. (b) If veteran, name war

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 26 (Day) 1862 (Year)

8. AGE: Years 70 Months 10 Days 18 If less than one day 5 hr. 4 min.

9. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Fredrickson
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Willenburg
15. Birthplace Brussels (City, town, or county) 4 (State or foreign country)

16. (a) Informant Bertha Fredrickson
(b) Address Golden Eagle, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March (Month) 16 (Day) 1942 (Year)
(c) Place: burial or cremation Brussels, Ill.

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1942 hour 4 minute 5.4 P.M.

21. I hereby certify that I attended the deceased from 3-11, 1942, to 3-14, 1942
that I last saw him alive on 3-14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral vascular accident	
Due to Arteriosclerosis	
Due to	
Other conditions Terminal pneumonia Bronchial (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
Of autopsy 1120

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. Kahn (M. D. or other)
Address BARNES HOSPITAL Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Blv

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, fact should be so stated above.