

No. 2  
5-43  
-17-43  
X

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAR 27 1944

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8940  
2634  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

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:  
2305 Sidney St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis St.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2305 Sidney St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida P. Frederickson  
3. (b) If veteran, name war ~~XXXXXXXXXX~~  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William A. Frederickson  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased December 16 1918  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 3 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John E. Gords

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Wingren

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Gords

(b) Address 2305 Sidney St

17. (a) Burial (b) Date thereof 3-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 20 1944 (Registrar's signature) J. F. Budeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day March  
year 1944 hour 9:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from May  
\_\_\_\_\_, 1944 to March 17th, 1944  
that I last saw h. alive on March 17th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1/2  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. S. Jung (M. D. ~~number~~)

Address 2278 S. Jefferson Date signed 3-18-44

**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.....  
*Frank J. Quinn*

Licensed Embalmer No. *4245*

P. O. Address.....  
*At Home*

**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.**