

57285

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

18393

S. No. 2
OM-2-43

v. 5-17-39

I X35997

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No.

4108

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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 St. Louis City Hospital
Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Nikolaus Frederick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Katherin Friedrich 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Sep 9 Th 1878
 (Month) (Day) (Year)

8. AGE: Years _____ Months 26 If less than one day
67 hr. min.9. Birthplace Austria Hungaria
(City, town, or county) (State or foreign country)10. Usual occupation Cotractor Building

11. Industry or business

12. Name John Friedling
 13. Birthplace Austria Hungaria
 (City, town, or county) (State or foreign country)
Not known
 14. Maiden name _____
 15. Birthplace Austria Hungaria
 (City, town, or county) (State or foreign country)

16. (a) Informant Katherin Frederick
(b) Address 8539 East Robin Ave 194617. (a) Burial (b) Date thereof May 8 th
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Edward Koch(b) Address 3516 N 14 Th Str19. (a) MAY 6 1946 (b) J. T. Bredek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town St. Louis Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8539 East Robin Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1946 hour 3:14 minute A M.21. I hereby certify that I attended the deceased from April 29
46 to May 5 1946;
that I last saw him alive on May 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature W. H. Fitzgerald (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/6/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Rex E Campbell
Licensed Embalmer No. 3881
P. O. Address St Louis Mo

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.