

FILED JAN 20 1947

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

Do not use this space.

43680 99

1. PLACE OF DEATH

County Scotland Registration District No. 326
Township W Pleasant Primary Registration District No. 6105
City Dowling (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 21 _____

2. FULL NAME Sarah Jane Frederick

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) St. Louis, Mo.

13. NAME E D Frederick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aulivars, Mo.

15. MAIDEN NAME Elsie Jane Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Mo.

17. INFORMANT Dean Frederick
(ADDRESS) Wendover, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bible Hope DATE Dec 21 1946

19. UNDERTAKER Smith & Sapprest
(ADDRESS) Memphis, Mo.

20. FILED Jan 11 1947 Mrs. E. E. Parrish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1946

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1946 to Dec 4 1946
I last saw her alive on Dec 4 1946 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
meningitis, Bence
to be the general condition just prior her the one
stroke

Other contributory causes of importance: _____
Date of onset _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
gip

Name of operation None Date of _____
What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury no, 19____

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify no (Address) H. E. Erwig M. D.
Dowling, Mo.

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.

42487

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RECEIVED
District Attorney's Office No. 10
Listed in Case No. 47-136
Date Filed JAN 17 1947

This body was embalmed
by Fred Kistner — License #422
Memphis, Mo.

S-43680