

No. 2
-12-45
-17-39
X47070

FILED MAR 6 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 423

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8005 Colleen Avenue
(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 St. Louis 96

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

(d) Street No. 8005 Colleen
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Alex R. Frederick

3. (b) If veteran, name war. No

3. (c) Social Security No. 489-09-9333

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 24th
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1947, to Feb 24, 1947, that I last saw him alive on Feb 24, 1947, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September 23rd, 1897
(Month) (Day) (Year)

Immediate cause of death Crownary Thrombosis

Due to Heart disease 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

8. AGE: Years Months Days If less than one day

49	5	1	hr. min.
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PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Reliable Insurance Co.

11. Industry or business Insurance

12. Name Anthony Frederick

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

14. Maiden name Theresa Stines

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

16. (a) Informant Elizabeth Frederick

(b) Address 8005 Colleen, Affton, Mo.

17. (a) burial (b) Date thereof Feb. 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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? factory

(e) Means of injury maize, A. 74
(Specify type of place)

23. Signature J. H. Hayes (M. D. or other) 020
Address 3606 GRAVOIS Date signed Feb 25, 1947

(c) Place: burial or cremation New S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Hacker, Helder & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 2-27-47 (b) Keith J. Allen, M.D.
(Date received local registrar) (Registrar's signature)

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

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. Thylman

Licensed Embalmer No.....

2675

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.