

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St Louis Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1828 S 8th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1828 S 8th Street**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Frederici**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **About 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt 80 0 0 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Michael Frederici**

13. Birthplace **Alsas Lorraine France**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Brasmeyer**

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

16. (a) Informant **Elizabeth Frederici**

(b) Address **1828 S 8th Street**

17. (a) **Burial** (b) Date thereof **10/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul Cem**

18. (a) Signature of funeral director **Wm C. Maysel**
(b) Address **1926 Allen Av**

19. (a) **OCT 2 1947** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30**
year **1947** hour **10.10** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 15**
19 **47** to **Sept 30** 19 **47**
that I last saw her alive on **Sept 29** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration

Due to **Hypertensive Cardiovascular Disease**

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) Means of injury.....

23. Signature **John W. Danks** (M. D. or other) **M.D.**

Address **3318 S. Grand** Date signed **10/1/47**

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Berg O. Duncan

.....
Licensed Embalmer No. 2242

P. O. Address 1978 Allen Ave

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.