

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28058

State File No.

BIRTH NO. 52178-4 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7229

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>9 1/2 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Maternity Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>19-4390 Laclede</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Girl</u> b. (Middle) <u>Frederking</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>August 18, 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1949</u>	9. AGE (In years last birthday) <u>9</u> MONTHS <u>17</u> DAYS <u>9</u> HRS. <u>17</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Wilmer Theodore Frederking</u>	13b. MOTHER'S MAIDEN NAME <u>Lorene Ida Streuter</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>record of St. Louis Maternity Hospital</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>630 S. Kingshighway,</u>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholera</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pre-maturity</u> DUE TO (c) <u>Bleed spinal fluid</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit</u>

22. I hereby certify that I attended the deceased from 8-18, 1949, to 8, 1949, that I last saw the deceased alive on 8-18, 1949, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Hermann</u> (Degree or title)	23b. ADDRESS <u>300 St. Louis</u>	23c. DATE SIGNED <u>8/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUGUST 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TRINITY LUTHERAN CHURCH</u>	24d. LOCATION (City, town, or county) (State) <u>OKAWVILLE, ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>AUG 19 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Fosater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BUECHMUELLER FUNERAL HOME, OKAWVILLE, ILL.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Not Embalmed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.