

FILED MAR 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 10443

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2060

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2019 c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 3624 A. Dover Place					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3624 A. Dover Place			
3. NAME OF DECEASED (Type or Print) August a. (First) H. b. (Middle) Fredrick c. (Last) 4. DATE OF DEATH 3-1-1950 (Month) (Day) (Year)			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days			
Married		12-27-1869		80		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (State or foreign country) Germany			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Marie Rottmann		14. NAME OF HUSBAND OR WIFE Emma Frerck		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-28-1250		17. INFORMANT'S SIGNATURE OR NAME Emma Frerck ADDRESS 3624 A. Dover Place					
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, asthenia, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiac-vascular Disease</i>									
ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypostatic pneumonia</i>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Hypostatic pneumonia</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) HHSX					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 26 FEB, 1950, to 1 MAR, 1950, that I last saw the deceased alive on 1 MAR, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>W.A. Mullany, M.D.</i>				23b. ADDRESS 3804 Wilmington Ave		23c. DATE SIGNED 3-2-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		3-4-1950		Sunset Burial Park		10180 Gravois Ave Mo			
DATE REC'D BY LOCAL REG. MAR 3 1950		REGISTRAR'S SIGNATURE <i>J. B. Lusater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ziegenhein Bros</i> ADDRESS 6409 Gravois Ave					

(Licensed Embalmer's Statement on Reverse Side)

DR. WILLIAMS 3804 WILMINGTON AVE
HU 7224 1 to 4:30
WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Henry G. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St Louis*

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.