

Filed

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24584

July 26, 1951

State File No. 5916
Registrar's No. 1005

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1005		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 3709					
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				20 STREET ADDRESS (If rural, give location) 3914 N. 23 STREET.					
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) E. FREDERIKSEN		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) JULY 1 1951			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR. 15, 1875			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS		9. AGE (In years last birthday) 76		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO			
13a. FATHER'S NAME HENRY FREDERIKSEN		13b. MOTHER'S MAIDEN NAME MARY SUNBKAMP		14. NAME OF HUSBAND OR WIFE SOPHIE FREDERIKSEN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MABEL FREDERIKSEN ADDRESS 3914 N. 23d ST.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolus				INTERVAL BETWEEN ONSET AND DEATH don't know 10 seconds.	
19a. DATE OF OPERATION 6-28-51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid colon.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____					
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? 152X					
22. I hereby certify that I attended the deceased from 6-15-51 , 19____, to 7-1-51 , 19____, that I last saw the deceased alive on 7-1-51 , 19____, and that death occurred at 645P m., from the causes and on the date stated above.									
23a. SIGNATURE Walter H. Suedmeyer (Degree or title) _____				23b. ADDRESS 1506 St. Louis		23c. DATE SIGNED July 2, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-5-51		24c. NAME OF CEMETERY OR CREMATORY FRIEDEN CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. JUL 2 1951		REGISTRAR'S SIGNATURE J.B. Jester		25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SONS ADDRESS 3934 N. 20 ST.					

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Neville B. Trohwitter*

Licensed Embalmer No *3696*

P. O. Address 3934 N. 20th ST.

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.