

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7651**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **505**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give RURAL and give township) Velda Village | | c. CITY OR TOWN Velda Village d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 20yrs | | e. STREET ADDRESS (If rural, give location) 1544 Lulu Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1544 Lulu Ave. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) C. c. (Last) Frederking | | | 4. DATE OF DEATH (Month) (Day) (Year) 2/20/56 | | |
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| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 18 1892 | | 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinery-Machinest | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Henry Frederking | | 13b. MOTHER'S MAIDEN NAME Lillian Korte | | 14. NAME OF HUSBAND OR WIFE Leona Frederking | |
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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) No | | 16. SOCIAL SECURITY NO. U k | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Frederking 1544 Lulu | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, anasthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | | | | | 2 years | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| | | DUE TO (b) Acute Nephritis DUE TO (c) Bronchial Asthma | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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| 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) 590x | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from **Jan 1, 1953**, to **Feb 19, 1956**, that I last saw the deceased alive on **Feb 19, 1956**, and that death occurred at **7:30a m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) W. A. Schumacher M.D. | | 23b. ADDRESS 8863 Lindor | | 23c. DATE SIGNED Feb 21-56 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2/22/56 | | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
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| DATE REC'D BY LOCAL REG. 2-21-56 | | REGISTRAR'S SIGNATURE Herbert A. Alouin | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark Funeral Home Inc. 1125 Hodiamont Ave. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8863
H-7-1350
12 Nov 14
Judson

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.