

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39396**

FILED DEC 6 - 1956

BIRTH NO. **80515-5L** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8713**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 Hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) Big Bend Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Frederick		4. DATE OF DEATH (Month) (Day) (Year) 9-19-1956	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married		8. DATE OF BIRTH Sept 19, 1956	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard D. Frederick	
13b. MOTHER'S MAIDEN NAME Lillian McKinnon		14. NAME OF HUSBAND OR WIFE Richard Frederick	
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. no	
17. INFORMANT'S SIGNATURE OR NAME Richard Frederick		ADDRESS Rt 13 Kirkwood Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 2 Hours	
ANTECEDENT CAUSES		DUE TO (b) Diaphragmatic hernia (Compunct)	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 560.4	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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?		22. I hereby certify that I attended the deceased from 9/19 , 19 56 , to 9/19 , 19 56 , that I last saw the deceased alive on 9/19 , 19 56 , and that death occurred at 12:40 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE H.C. Mc Murray M.D. (Degree or title)		23b. ADDRESS Ballwin, Mo.	
23c. DATE SIGNED 9/21/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-21-1956		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	
25. ADDRESS Ballwin, Mo.		DATE REC'D BY LOCAL REG. SEP 21 1956	
REGISTRAR'S SIGNATURE J. Paul Smith M.D.		3. P. (Licensed Embalmer's Statement on Reverse Side)	

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.....
Signature of Student Embalmer

Signed..... *Richard Bopp*

Licensed Embalmer No. *456*

P. O. Address *Bellwin,*

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.