

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43038**
11538

FILED JAN 15 1957

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**

e. STREET ADDRESS (If rural, give location) **2229 2325 1/2 a Hickory Street**

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) _____ c. (Last) **Frederic**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 15, 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **July 28, 1883**

9. AGE (In years last birthday) **73** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **(retired) Mailman**

10b. KIND OF BUSINESS OR INDUSTRY **U.S. Government**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frederic**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Elizabeth Schleich Frederic**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Harry J. Frederic - Shrewsbury, Mo.**

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) **Cerebral Vascular Action**
ANTECEDENT CAUSES **Fracture of Right Hip;**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO **suffered when he fell in**
DUE TO **Entrance of his house on**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Dec 6 1956 at about 1000 am**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **12 6 56 10 am**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **800 E 904.0**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:26** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) **James M Kelly**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **12-17-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Dec. 19, 1956**

24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **DEC 17 1956**

REGISTRAR'S SIGNATURE **J. Carl Smith, MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **WACKER-HELDERLE - 3634 Gravois Ave.**

M.J.B

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 *Robert Wheeler*.....

Licensed Embalmer No. *212*.....

P. O. Address *Harris?*.....

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.