

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30315

FILED SEP 4 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1989

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fenton 4000</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph Hosp.</b>		Length of stay in 1b <b>2 Days</b>	d. STREET ADDRESS <b>Rt 2,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle <b>Charles</b> Last <b>Frederitzi</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>8</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 13 1916</b>	9. AGE (In years last birthday) <b>41</b> IF UNDER 1 YEAR: Month <b>1</b> Day <b>26</b> IF UNDER 24 HRS.: Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brickmason</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>National Lead Co., Jefferson Co Mo.</b>		11. BIRTHPLACE (City and state or country) <b>USA</b>	
13. FATHER'S NAME <b>Harry J Frederitzi</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Bauer</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. N) 0 2</b>		16. SOCIAL SECURITY NO. <b>493-10-5560</b>		17. INFORMANT Address <b>Mrs Luanna Frederitzi Rt 2, Fenton Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Arteriosclerotic heart disease</b>					<b>years</b>
DUE TO (c) <b>Hypertensive cardiovascular disease</b>					<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4200</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Sept. 1955</b> to <b>Aug 8, 1957</b> and last saw <sup>him</sup> alive on <b>Aug 8, 1957</b> Death occurred at <b>10:00 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Charles Miller M.D.</b>			22b. ADDRESS <b>206 N. Clay, Kirkwood</b>		22c. DATE SIGNED <b>Aug 10, '57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug 12 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New St. Johns Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Mehlville, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Fey Funeral Home Mehlville Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-10-57</b>		26. REGISTRAR'S SIGNATURE <b>Herbert B. Donle MD</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~by~~ ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elton R. Remela*.....

Licensed Embalmer No. *42*

P. O. Address. *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.