

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **4938**

I. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Heaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 636

8. (a) PRINT FULL NAME Charlotte Estelle Fredrick  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife G. Russell Fredrick 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Oct. 21 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 7 14 hr. min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Milton Fathman  
18. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Nettie Fritsche  
15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant G. Russell Fredrick

(b) Address 516 Hollywood Pl.

17. (a) Burial (b) Date thereof 6-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine C.M.

18. (a) Signature of funeral director H. J. G. Houser Mortuary

(b) Address 4228 So. Highways

19. (a) JUN 5 1940 (b) J. B. [Signature]  
(Date received local health officer) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 516 Hollywood Pl. N.R.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 th  
year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 3, 1940, to June 4, 1940  
that I last saw her alive on June 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration 1 day

Due to Hypertension

Due to S.P.A.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. F. Cowland (M. D. or other) M.D.

Address 5930 Boulevard Date signed 6-5-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. S. Cleveland  
5930 Kentwood Ave

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Cedric M. Bennett*  
Licensed Embalmer No. 3024

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 this body is not embalmed, above space should be left blank.