Spec—12-23-21—E.B.R.S.—400 Sks.

D 39545 **HEALTH DEPARTMENT—CITY OF BALTIMORE** DV39545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 211 Roland Ave. St. Roland Park Ward) Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Aloysius Frederick

(a) Residence No. 211 Roland Ave. St., Ward Residents
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 1 ds. How long in U.S., if of foreign birth? 82 yrs. 8 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Frederick

6-DATE OF BIRTH (month, day and year) Dec 16 1842

7-AGE 82 yrs. 8 mos. 1 ds. If LESS than 1 day ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS

10-NAME OF FATHER John M. Frederick

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Margaret Hiedt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-(Informant) Miss Katharine Frederick
(Address) 211 Roland Ave.

15-Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 17, 24

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1924, to Aug 17, 1924, that I last saw him alive on Aug 17, 1924 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Myocarditis (Duration) about 5 yrs. ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leo H. Monson M.D.

19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Aug 19 1924

20-UNDERTAKER STEWART & MOWEN COMPANY ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 19 1924