

39545

HEALTH DEPARTMENT—CITY OF BALTIMORE

DV89545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. *211 Roland Ave. - Roland Park*)

Registered No.

2-FULL NAME

George Aloisius Frederic

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

(a) Residence No. *211 Roland Ave.* St. *Ward* *Residents*

Length of residence in city or town where death occurred *2 yrs. 8 mos.*

How long in U.S. if of foreign birth? *3 yrs. 5 mos.*

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

3-SEX *Male*

4-COLOR OR RACE *White*

5-Single, Married, Widowed, or Divorced. (Write the words) *Widowed*

6-If married, widowed, or divorced, HUSBAND (or) WIFE of *Mary D. Frederic*

7-DATE OF BIRTH (month, day and year) *Oct-1892*

8-AGE *28 yrs. 8 mos.*

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 employe.

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

10-NAME OF FATHER *John M. Frederic*

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

12-MAIDEN NAME OF MOTHER *Margaret A. Dietz*

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

(Informant) *Miss Katherine Frederic*
 (Address) *211 Roland Ave.*

16-DATE OF DEATH (month, day and year) *Aug 17, 1921*

17-I HEREBY CERTIFY, That I attended deceased from *Aug. 10, 1921* to *Aug. 17, 1921* that I last saw him alive on *Aug. 13, 1921* and that death occurred, on the date stated above, at *211 Roland Ave.* The CAUSE OF DEATH was as follows: *Coronary Sclerosis*

CONTRIBUTORY (Secondary) *Myocarditis* (Duration) *about 5 yrs.*

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: *Geo. H. Mowen, 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, DATE OF BURIAL *New Cathedral Aug. 19, 1921*

20-UNDERTAKER, ADDRESS *STEWART & MOWEN COMPANY*

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.

1-8-1921

ROBERT P. PATTERSON, Registrar

STEWART & MOWEN COMPANY

1013 N. CHARLES ST.