

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5381  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City ST. LOUIS (d) Street No. St. Anthony's Hosp. Registered No. 2026  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME

Louise Friedewald, 634  
(a) Residence, No. 3506 S. Compton St. 16  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Friedewald  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 24 - 1861  
7. AGE YEARS 76 MONTHS 2 DAYS 20 IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Jacob Hase mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Philippina Hublitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred Friedewald  
3506 S. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Crematory DATE 2-28-38

19. FUNERAL DIRECTOR (ADDRESS) Witt Bros., L & A  
2929 S. Jefferson Ave

20. FILE FEB 26 1938 J. B. Bredek  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1938, to Feb 24 1938  
I last saw him alive on Feb 24 1938. Death is said to have occurred on the date stated above, at 11 a. m.  
The principal cause of death and related causes of importance were as follows:

apoplexy due to cerebral hemorrhage  
Other contributory causes of importance:  
hypertension

Date of onset  
2/22/38

Name of operation..... Date of.....  
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. H. Sweeney, M. D.  
(Address) 2924 Strand

N. B.—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.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3479

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

..... L. E. No. 3472 or by .....

working under my personal supervision.

Signed Paul A. Shanklin, Registered Apprentice No. ....

Licensed Embalmer No. 3472

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.)