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S. No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23479**

FILED AUG 25 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5924**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution 9 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 5657 Cote Brilliant ave.
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Fred Friese **1620**
3. (b) If veteran, name war World War 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12, year 1940 hour 9:05 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ola 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased January (Month) 4 (Day) 1892 (Year)

21. I hereby certify that I attended the deceased from July 4, 1940 to July 12, 1940
that I last saw him imally on July 12, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 6 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Thrombosis
E. Pt. Hemiplegia **8 days**

9. Birthplace Baltimore md. (City, town, or county) (State or foreign country)

Due to _____
Due to arteriosclerosis **1 year**

10. Usual occupation Retired Selling

Other conditions _____
Major findings: _____
Of operations _____

11. Industry or business Station owner

12. Name F. Friese

18. Birthplace Baltimore md. (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Baltimore md. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ola Friese

(b) Address 5657 Cote Brilliant

17. (a) burial (b) Date thereof July 16, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hadlum Ave.

19. (a) Aug 15 1940 (b) J. F. Brudeck
(Date received by Registrar) (Registrar's signature)

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 Walter Ford (M. D. or other) **1**
Address 1515 Lafayette, Date signed 7/12/40

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

MOTHER FATHER

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.....

#1661 *Joe. W. Clark*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.