

LEU MAR 25 1941 791

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital # 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)  
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2516a No. Tenth Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? 50 years.

3. (a) PRINT FULL NAME MIKE FREIDLING

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife MARIA 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 9, 1872  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Hotel keeper

11. Industry or business Retired

12. Name Unknown

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Anna Lehr

(b) Address 2516a No. 10th Street

17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director A.W. McLaughlin  
 (b) Address 2301 Lafayette Avenue

19. (a) FEB 6 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month February day 5  
 year 1941 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 1940 to 1/23/41  
2/1, 1941, to 2/4, 1941;  
 that I last saw him alive on 2/4, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Resap Disease  
Hepatic Cirrhosis  
Asteria Sclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Ascites  
(Include pregnancy within 3 months of death)

Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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 [Signature] (M. D. or other) \_\_\_\_\_  
 Address 2202 St. Louis Ave Date signed 2/5/41

000  
17  
9

Duration years  
months  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

3123<sup>cc</sup> Sheppard

**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.....

*Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

**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, fact should be so stated above.**