No. 2
1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15937

Registration District No. 784 Primary Registration District No. 902 Registrar's No. 855

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jedburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Jedburg - 0 (If outside city or town limits, write "RURAL")
(d) Street No. Rural P.O. Jedburg (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH FRIEN
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 17 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	11	2	hr. min.

9. Birthplace Bern (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business RETIRED
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant Mrs. Elizabeth Frein
(b) Address Jedburg Mo. Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park
18. (a) Signature of funeral director Baumann Brothers
(b) Address 2504 Woodson Overland Mo.
19. (a) APR 21 1941 (Date received local registrar) (b) T.R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1941 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from Feb. 11 1941 to April 19 1941; that I last saw him alive on April 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis for advanced	4 yrs.
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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) — None
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. R. Lovins (M. D. or other) M.D.
Address Ballwin, Mo. Date signed 4-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.