

Registration District No. 124

Primary Registration District No. 5779

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Rural  
(c) Name of hospital or institution: Jackson Mo P # 3  
(d) Length of stay: In hospital or institution.....  
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(d) Street No. Jackson Mo P # 3  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Robert Friedrich

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Berthe Henry Friedrich 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 16 1981

8. AGE: Years 60 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Cape Ridge Mo 0

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Friedrich

13. Birthplace Germany

14. Maiden name Hanna Klinsorge

15. Birthplace Germany

16. (a) Informant Mrs Robert Friedrich

(b) Address Jackson Mo P # 3

17. (a) Burial (b) Date thereof 5/30/42

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director McCombs & Co.

(b) Address Jackson Mo

19. (a) May 15 1942 (b) J.H. Keister

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th  
year 1942 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from 19 Crown Case 1942

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by poison

Due to Taking Carbolic acid in terminal

Due to.....

Other conditions.....

Major findings: Of operations 1637

Of autopsy.....

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... Means of injury Crown

23. Signature Dr. F. Sigmond

Address Jackson Mo Date signed 5/29/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 642-745

Date Filed 6-11-42

APR 20 1945

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

*B. H. Meyer*

Licensed Embalmer No.

305-1

P. O. Address

*Jackson Mo*

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.