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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28729

Registration District No. 318 Primary Registration District No. 1000 Registrar's No. 7936

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:
Pronounced dead at City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2003 Geyer Ave
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willie E. Friese

3. (b) If veteran, name war No

3. (c) Social Security No. - - -

4. Sex Male

5. Color or race Wht. 0

6. (a) Single, widowed, married, divorced Married 0

6. (b) Name of husband or wife Martha E. Friese

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct. (Month) 8 (Day) 1891 (Year)

8. AGE: Years 50 Months 11 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Railway Clerk

11. Industry or business

FATHER
12. Name Anthony Friese
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant Martha Friese
(b) Address 2003 Geyer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker.

18. (a) Signature of funeral director Wm. E. Moydell
(b) Address 1926 Allen Ave.

19. (a) SEP 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 23 day 23
year 1942 hour 7. minute 00 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm
Cause undetermined

Due to

Due to 96 Pending

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other) 3

Address Deputy Coroner Date signed 9/24/42

(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 me

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

working under my personal supervision.

Signed Wm E. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen ave

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.