

FILED SEP 31 1946

Primary Registration District No. 3063

Registrar's No. 1822

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 days  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston  
(If outside city or town limits, write "RURAL.")

(d) Street No. 1709 Grove  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME William Friedmeyer

3. (b) If veteran, name war No

3. (c) Social Security No. 499-03-0886

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 46 hour 3:00 minute 55 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married? M divorced 1

6. (b) Name of husband or wife Louise Vasek 6. (c) Age of husband or wife if alive 9 years 64

7. Birth date of deceased (Month) 9 (Day) 9 (Year) 46

21. I hereby certify that I attended the deceased from 18 July 1946, to 1 Sept 1946, that I last saw him live alive on 1 Sept 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 11 Days 22 If less than one day hr. min.

Immediate cause of death arteriosclerotic heart disease with cardiac failure

Due to.....

Due to.....

9. Birthplace Ferguson, Mo. (City, town, or county) (State or foreign country) 1

Other conditions (include pregnancy within 3 months of death) Chronic glomerular nephritis

Major findings: Of operations.....

Of autopsy.....

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Fred Vasek

(b) Address 556 Pemberton Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 3 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters

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

(b) Address 1125 Hodiamont Ave

19. (a) 9-4-46 (Date received local registrar) (b) Ruth Holler MD (Registrar's signature) MS

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 John Hester (M. D. or other) MD

Address 601 Brentwood Blvd. Date signed 9-1-46

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

OCT 4 1946

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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..... *Alfred J. Bolder*  
Licensed Embalmer No. *2663*  
P. O. Address *5934 Alpha*

**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.**



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