. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

468

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 17

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 DAYS (Specify whether
In this community LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 226 No SPRIGG, ST
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK H. FRIELINGHAUS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 7 (Day) 1864 (Year)

8. AGE: Years 82 Months 6 Days 13 If less than one day hr. min.

9. Birthplace CAPE GIRARDEAU (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business COOPERAGE CO
FATHER
12. Name FRANK FRIELINGHAUS
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGURITE UNNERSTALL
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant MRS FRANCES LAMB
(b) Address CAPE GIRARDEAU.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 22-47 (Month) (Day) (Year)
(c) Place: burial or cremation OLD LORIMIER CEM
18. (a) Signature of funeral director Walther Und. Co
(b) Address Cape Girardeau Mo.
19. (a) 1-23-1947 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day year 47 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1/2, 1947, to 1/20, 1947
that I last saw him alive on 1/20, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis (Duration)
Following Left Fracture
Left Hip 1/2/47
Due to Hypostatic Pneumonia
Coronary Sclerosis
Due to
Other conditions (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) accident
(b) Date of occurrence 1/2/47
(c) Where did injury occur? Cape Girardeau Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Chores (e) Means of injury Fall
23. Signature C. Leglaunec (M. D. or other) 1/21/47
Address Cape Girardeau Date signed

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 4
District File Number 147-140
Date Filed 1-27-47

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.