S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1947

State File No. 35733

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10171

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

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: DE PAUL HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSP. 2 days (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS, MO 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 2415 N. KINGSHIGHWAY 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BARBARA FRIEDHOFF

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NIL

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

7. Birth date of deceased NOV. 1. 1947
(Month) (Day) (Year)

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

9. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business NIL

FATHER
12. Name ALBERT FRIEDHOFF
13. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AGNES HENDLE
15. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Friedhoff
(b) Address 2645 Carson Rd.

17. (a) BURIAL (b) Date thereof 11/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. ANNS CEM (NORMANDY

18. (a) Signature of funeral director Suedmeyer
(b) Address 3934 N. 20 St.

19. (a) NOV 4 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1947 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from NOV. 1, 1947 to 11-3-, 1947
that I last saw her alive on 11-3-, 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Erythro Blastosis | 2 Days |
| Due to R-H Negative Mother | |
| Due to — | |
| Other conditions Jaundice (Hemorrhagic) (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy yes.

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PHYSICIAN
Underline the cause of 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? — 0
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature H. J. Kloeckner (M. D. or other) M.D.
Address 9621 Hadlond Rd Date signed 11-3-47

Jefferson City Printing Co. (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 Neville D. Kirkwood

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th St

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.