

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17553

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4086
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RIVERVIEW GARDENS	
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSP.		d. STREET ADDRESS (If rural, give location) 251 COBERG DR.		
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) _____	c. (Last) NEUSTADT	4. DATE OF DEATH (Month) (Day) (Year) MAY 5 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, DIVORCED 3	8. DATE OF BIRTH APRIL 28 - 1861	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St Louis So. Mo	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME KNOWN NEUSTADT		13b. MOTHER'S MAIDEN NAME KNOWN	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hilda Stetz 251 COBERG DR.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Pneumonia (Pneumonia) 7 days ANTECEDENT CAUSES DUE TO (b) Catarrh - pleurisy - Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obdura		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 83	21f. HOW DID INJURY OCCUR 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from Jan 22, 1949, to death, 19____, that I last saw the deceased alive on 5/4, 1949, and that death occurred at 7:10 p.m., from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) _____	23b. ADDRESS 830 1/2 Broadway	23c. DATE SIGNED 5/5/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 7/49	24c. NAME OF CEMETERY OR CREMATORY FRIENDS CEM.	24d. LOCATION (City, town, or county) (State) 8900 N. BROADWAY	
DATE REC'D BY LOCAL REG. MAY 6 1949	REGISTRAR'S SIGNATURE J. B. Basater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich Funeral Home 8319 Hall Perry		

(Licensed Embalmer's Statement on Reverse Side)

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

66611100

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

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles R. Padwell

Licensed Embalmer No. 4027

P. O. Address .....

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.