No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9960

FILED MAR 22 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1709

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4622A Moraine Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Moraine Ave.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2099
d. STREET ADDRESS (If rural, give location) 4622A Moraine Ave. 6

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) L. c. (Last) Friend

4. DATE OF DEATH (Month) Feb. (Day) 22nd (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 5th, 1894

9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cleveland, Ohio.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Herman Sauer

13b. MOTHER'S MAIDEN NAME Augusta Hetz

14. NAME OF HUSBAND OR WIFE Wm. E. Friend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Wm. E. Friend ADDRESS 4622A Moraine Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Neurasthenia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* Sept 10, 1951, *to* Feb. 22, 1952, *that I last saw the deceased alive on* Feb 21, 1952, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE H A Uhlemeyer (Degree or title) MD

23b. ADDRESS 4362 Warne Ave.

23c. DATE SIGNED 2-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 2/24/52

24c. NAME OF CEMETERY OR CREMATORY West Park

24d. LOCATION (City, town, or county) (State) Cleveland, Ohio.

DATE REC'D BY LOCAL REG. FEB 25 1952

REGISTRAR'S SIGNATURE J Carl Smith MD MJB.

25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Fenwick ADDRESS 3402 N. Kingshighw

(Licensed Embalmer's Statement on Reverse Side)

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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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Thomas R. Zenovich

Licensed Embalmer No. 3793.

P. O. Address 3402 N. Kingshighway

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.