

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2782

FILED FEB 2 1954

State File No. 0485
Registrar's No.

BIRTH NO. ---		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 0485	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY			
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 St. Louis 2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION Carrie Gietner Home				d. STREET ADDRESS (If rural, give location) 15 5000 S. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Frielingsdorf c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1-15-54				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Feb. 13, 1875	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Julius Frielingsdorf			13b. MOTHER'S MAIDEN NAME Katherine Schroeder			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Belzer 3818 Federer Pl.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio sclerosis years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic heart disease years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? 332X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7/2 1952, to 1/15 1954, that I last saw the deceased alive on 1/15 1954, and that death occurred all 30a m., from the causes and on the date stated above.							
23a. SIGNATURE P. J. Moszkop, M.D. (Degree or title)				23b. ADDRESS 3554 Victor St. St. Louis (4)		23c. DATE SIGNED 1/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 1-18-54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. JAN 18 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6922 S. GRAND BLVD. ST. LOUIS 14, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WHITE COUNTY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

Dr. Moskoff
3554 Victor
La. 0510

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

David Van Tassan

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.