

FILED OCT 4 1954

STANDARD CERTIFICATE OF DEATH

31801
State File No. 8214
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 OR TOWN St Louis		c. CITY OR TOWN Lemay 4750	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Days		e. STREET ADDRESS (If rural, give location) 4704 South Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Avis	b. (Middle) Leota	c. (Last) Friesland	4. DATE OF DEATH (Month) (Day) (Year) Sept 6 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16th 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours Min. 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and State or Foreign Country) Litchfield, Ill	12. CITIZEN OF WHAT COUNTRY? U.S. A
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13a. FATHER'S NAME Albert Nail	13b. MOTHER'S MAIDEN NAME Eva Boyles	14. NAME OF HUSBAND Mr. Lemar Friesland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 490-01-6444	17. INFORMANT'S SIGNATURE OR NAME Mr Lemar Friesland	ADDRESS 4704 South Dr Lemay Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>uterine hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>3 wks</i>
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ca of Pericis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X
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22. I hereby certify that I attended the deceased from June 18th 1954 to Sept 6, 1954 that I last saw the deceased alive on 9/6/54, 1954, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Ernest D. Cuckles M.D.</i> (Degree or title)	23b. ADDRESS 752 Lemay Ferry Rd	23c. DATE SIGNED 9-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-8-54	24c. NAME OF CEMETERY OR CREMATORY Crab Tree Cem.	24d. LOCATION (City, town, or county) (State) Litchfield, Ill
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DATE REC'D BY LOCAL REG. SEP 7 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home	ADDRESS 4100 Lemay Ferry Rd. Mehlville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Bill C. Hanson*.....

Licensed Embalmer No. *4768*.....

P. O. Address: *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.