

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1954

State File No. 32412

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2256			
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and after death) a. STATE Mo b. COUNTY St Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN Affton 482		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital				STREET ADDRESS (If rural, give location) 9310 Rambler					
3. NAME OF DECEASED (Type or Print) a. (First) Raquel			b. (Middle) _____			c. (Last) Frædrich			
4. DATE OF DEATH (Month) (Day) (Year) Sept 23, 1954									
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 18, 1929			
9. AGE (In years last birthday) 25		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 At-home		11. BIRTHPLACE (City and State or Foreign Country) Montevideo, Uruguay		12. CITIZEN OF WHAT COUNTRY? Uruguay		
13a. FATHER'S NAME not known			13b. MOTHER'S MAIDEN NAME not known			14. NAME OF HUSBAND OR WIFE Otto E Friedrich Jr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto E Friedrich Jr 9310 Rambler				
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) Death from gunshot passing through chest and probably lacerating heart, great vessels and lung edges. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. was fired at close range.				INTERVAL BETWEEN ONSET AND DEATH one	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Affton St. Louis Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Sept. 22, 1954 8:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Emad J. Willmann Coroner 3				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 9-28-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 9/25/54		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St Louis Mo.			
DATE REC'D BY LOCAL OFFICE 9/25/54		REGISTRAR'S SIGNATURE Heather K. Stankard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois					

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 *E. P. Kidwell*.....

Licensed Embalmer No. *387*

P. O. Address *7027 1/2*.....

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.