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|--|--|--|--|--|--|---|---|---|--|
| BIRTH NO. ....   |  | REG. DIST. NO. ....  |  | PRIMARY REG. DIST. NO. ....  |  | Registrar's No. ....  |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY .....   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY .....  |  |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>   |  | c. LENGTH OF STAY (in this place) <b>30 days</b>   |  | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>   |  |  |  | e. STREET ADDRESS (If rural, give location) <b>15 4636 Pennsylvania</b>  |  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WILLIAM</b>   |  | b. (Middle) <b>A.</b>  |  | c. (Last) <b>FRIEDECK</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 8, 1956</b>  |   |   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>1/8/85</b>  |   |   |  |
| 9. AGE (In years last birthday) <b>71</b>  |  | IF UNDER 1 YEAR Months   |  | IF UNDER 2 HRS. Hours  |  | IF UNDER 15 Min.  |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY .....    |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>   |   |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |  | 13a. FATHER'S NAME <b>Charles Friedeck</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Ida Gildensteui</b> |   | 14. NAME OF HUSBAND OR WIFE <b>Elsie Friedeck</b> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes SPAW</b>   |  | 16. SOCIAL SECURITY NO. <b>492-10-8644</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, St. Louis, Mo.</b>  |  |   |   | ADDRESS .....   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>RHEUMATIC HEART DISEASE</b>  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>4 Years</b>   |  |
| ANTECEDENT CAUSES<br><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) .....  |  |  |  | DUE TO (c) .....   |  |   |   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>GENERALIZED ARTERIOSCLEROSIS</b> |  |
| 19a. DATE OF OPERATION .....   |  |  |  | 19b. MAJOR FINDINGS OF OPERATION <b>4/6x</b>   |  |   |   | 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) .....  |  | 21d. HOW DID INJURY OCCUR? .....  |   |   |  |
| 21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>  |  | 21f. 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 <b>4/8</b> , 1956, to <b>5/8</b> , 1956, <del>and that death occurred</del> <del>on</del> <del>at</del> <del>the</del> <del>place</del> <del>of</del> <del>the</del> <del>deceased</del> and that death occurred at <b>2:00 A. M.</b> , from the causes and on the date stated above. |  |   |   |   |  |
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>  |  |  |  | 23b. ADDRESS <b>VAH, St. Louis, Mo.</b>  |  | 23c. DATE SIGNED <b>5/8/56</b>  |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>   |  | 24b. DATE <b>MAY 10 1956</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS Mo</b>  |   |   |  |
| DATE REC'D BY LOCAL REG. <b>MAY 8 1956</b>   |  | REGISTRAR'S SIGNATURE <b>[Signature]</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Rutes 2906 Morris</b> ADDRESS .....   |  |   |   |   |  |

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 area crossed out with diagonal lines)*  
Signature of Student Embalmer

Signed *Samuel C. Hill* .....  
Licensed Embalmer No. *434* .....  
P. O. Address *2906 St. ...* .....

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.