

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6198
1588

FILED FEB 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

| | | | | | |
|--|----------------------------------|--|---|---|---|
| 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, give TOWNSHIP only) OR TOWN S. Louis, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3923 Schiller Pl. | | Length of stay in lb | | STREET ADDRESS 3923 Schiller Pl. (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) | | First William L. Middle Friebel Last | | 4. DATE OF DEATH Feb. 14, 1957 Month Day Year | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 6, 1893 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Worker Carondelet Mfg. Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 13. FATHER'S NAME Louis Friebel | | 14. MOTHER'S MAIDEN NAME Eliza Unk | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | | 16. SOCIAL SECURITY NO. 383-03-2043 | | 17. INFORMANT Address Amelia Friebel 3923 Schiller Pl. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis | | | | | INTERVAL BETWEEN ONSET AND DEATH months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ca. of the roof of the mouth | | | | | 9 months |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) arteriosclerotic heart disease | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 51 , to January 57 and last saw her him alive on January 29/57 . Death occurred at 1120a m on the date stated above, and to the best of my knowledge, from the cause stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Maximilian Yestman, M.D. | | | | 22b. ADDRESS 3530 ARSENAL | |
| 22c. DATE SIGNED 2-15-57 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 2-18-57 | | 23c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard | |
| removal | | | | 23d. LOCATION (City, town, or county) (State) Sappington, Mo. | |
| 24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, S. Louis, Mo. | | | 25. DATE RECD. BY BUREAU REG. FEB 16 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith |

(Licensed Embalmer's Statement on Reverse Side)

Death, illness, or other cause of death must be certified to by a physician, coroner, or other qualified person. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must use only standard nomenclature.

Mr. Weisman
3530 Arsenal
DN 31210
1/30 to 5

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 *David Van Lussan*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.