

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1556

1. PLACE OF DEATH

County Jackson
Township How
City St. Louis (No. 625 Myrtle Ave)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 1488
St. _____ Ward _____

2. FULL NAME

Philip Friedrich
(a) Residence. No. 625 Myrtle St. 10 Ward. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Friedrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-22-1854

7. AGE YEARS 34 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

14.

INFORMANT Philip M. Friedrich
(Address) 625 Myrtle Ave

15.

FILED 1-12-29 M. M. Crow
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 - 1929

17. I HEREBY CERTIFY That I attended deceased from January 25, 1928, to January 10, 1929, that I last saw him alive on Jan 10, 1928, and that death occurred, on the date stated above, at 1:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

carcinoma of pharynx
and tongue
45 R

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thos. M. Crow, M. D.

1/11, 1929 (Address) 2544 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Elmwood Jan 12 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster R. C. Mo.

