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

Do not use this space.

32332

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 9425
City City (No. St. Ward)
St Mary Infirmary

2. FULL NAME Paul Friedel Sr.
(a) Residence. No. St., 22 Ward. Golden Eagle Ill
(Usual place of abode) (If nonresident give city or town and State)
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.

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 Elizabeth Friedel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 1855

7. AGE: Years 74 — Months 6 — Days 3 — If less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Friedel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Elizabeth Friedel
(Address) Golden Eagle Ill Calhoun Co

15. FILED SEP 21 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/5/29, 19..., to 9/20, 19..., that I last saw h.i.m. alive on 5:30 P.M. 9/20/29 19..., and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

186A
1010A
Septic Meningitis Simple
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Fall from a ladder at home
Cerebral Hemorrhage (duration) yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Contracted from fall off ladder at home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No. Accident
WHAT TESTS CONFIRMED DIAGNOSIS? Exam. of brain
(Signed) E. D. Crecelius, M.D.
, 19 (Address) 1536 Papin St Louis Mo

*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: St Joseph Cemetery — DATE OF BURIAL: Sept 23 1929
20. UNDERTAKER: H. A. Imming — ADDRESS: Brussels Ill