

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.

MAY 21 1932

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

Do not use this space.

18830

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 Township Cape Girardeau Primary Registration District No. 5131
 City (No.) St. Ward

2. FULL NAME Arthur Albert Friederichs
 (a) Residence, No. 5 Miss Cape Girardeau Mo R 7 Ward. (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.

File No. _____
 Registered No. 103

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 Laura Friederichs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1-1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	31	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Mo

FATHER 13. NAME Adolph Henry Friederichs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gettemberg Perry Co Mo

MOTHER 15. MAIDEN NAME Elizabeth Wingate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT Laura Friederichs (ADDRESS) Cape Girardeau Mo R 7

18. BURIAL, CREMATION, OR REMOVAL PLACE city cem DATE June 12 1932

19. UNDERTAKER A. P. Picheiro (ADDRESS) Cape Girardeau Mo

20. FILED June 13 1932 B. J. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/11/32, 19____, to 6/11/32, 19____. I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:
Pneumonia
Lobar
 Date of onset _____

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 2, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no

(Signed) Paul B. Beyer M. D.
 (Address) _____

