WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

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

FEB 12 1938

524
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 380

(c) City St. Louis (d) Street No. 3516 Bailey Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William F. Friedemann

(a) Residence, No. 3516 Bailey Ave. St. 10
(Usual place of abode, if no street address, write county or city) (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 Kate Friedemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21st. 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as 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) Ills.

FATHER

13. NAME William Friedemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Faith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Kate Friedemann
(ADDRESS) 3516 Bailey Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE 1-12-38, 19

19. FUNERAL DIRECTOR Provost Und. Co.
(ADDRESS) 3710 E. Grand Blvd.

20. FILED Feb 11 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 9, 1938. I last saw him alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 3.00 A. M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis - [illegible] Myocarditis

Date of onset

Other contributory causes of importance:
apoplexia cardialis
embolus

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? ..... Date of injury ....., 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 .....
(Signed) Emery Ross - Brokelman M. D.
(Address) 1818 East Grand

(Licensed Embalmer's Statement on Reverse Side)

1918 E Sun

9-10

STATEMENT BY LICENSED EMBALMER

I, A.A.Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3916

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

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.)