

REC'D JUN 20 1938

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

18211
 Do not use this space.

1. PLACE OF BIRTH

(a) County Franklin Registration District No. 300
 (b) Township Dixon Primary Registration District No. 5417 Registered No. 7
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Adolph Friedrichs 636
 (a) Residence, No. _____ St. (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 Minnie Friedrichs
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1852
 7. AGE YEARS 85 MONTHS 5 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmers
 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) Germany

FATHER 13. NAME Conrad F. Friedrichs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Minnie Friedrichs (ADDRESS) Beaufort Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Johns Lutheran Ch. May 5 1938

19. FUNERAL DIRECTOR C. H. Jensen (ADDRESS) Beaufort Mo.

20. FILED May 4 1938 H. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan. 1935 to May 3 1938

I last saw him alive on Jan 6 1938. Death is said

to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Not known

Other contributory causes of importance: ABC

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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? No

If so, specify _____

(Signed) H. Matthews, M. D.

278 (Address) Beaufort Mo

STATEMENT BY LICENSED EMBALMER

I, E H Lemme....., Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E H Lemme

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E H Lemme.....

Licensed Embalmer No. 3076

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)