

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

39177
 Do not use this space.

REC'D DEC 13 1939

1. PLACE OF DEATH Callaway 3
 (a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 303
 (c) City Fulton (d) Street No. State Hospital #1 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 31 yrs. 11 mos. 7 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME David Friemel, Jr.
 (a) Residence, No. Jefferson City Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1882

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>57</u>	<u>4</u>	<u>10</u>

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer

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) Jefferson City Mo.

FATHER

13. NAME David Friemel

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

MOTHER

15. MAIDEN NAME Theresa Brauner

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

17. INFORMANT (ADDRESS) State Hosp #1 Records Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem DATE Nov 16 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Buescher Funeral Home Jefferson City Mo.

20. FILED Nov 17 1939 P. N. Crews Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 39

22. I HEREBY CERTIFY, That I attended deceased from July 7 1938, to Nov 14 1939, 1939
 I last saw h. e. alive on Nov 14 1939. Death is said to have occurred on the date stated above, at 12:20 pm.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (Left) (Date of onset 11/14/39)
(Non Traumatic)
 Other contributory causes of importance: HTA, arteriosclerosis

Name of operation Physic Date of no

What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 Physic
 Nature of injury Physic

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Geo. J. Wood M. D.
 1066 (Address) State Hosp #1 Fulton Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Victor Buescher

Licensed Embalmer No.....

3701

P. O. Address.....

J.C. Mo.

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.)

If this body is not embalmed, above space should be left blank.