

No. 2
-10-
7-39
X21492

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3904**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days
(Specify whether)

In this community Life
years, months or days

8. (a) PRINT FULL NAME M. Katherine Friedrich 636

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Wm. W. Friedrich

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 2, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	27	hr. min.

9. Birthplace Bridgeton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Thomas Weldon

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane McMenamy

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Friedrich

(b) Address Bridgeton, Mo.

17. (a) Burial (b) Date thereof 5/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Hullon Kelly

(b) Address 7267 Natl. Bridge

19. (a) APR 30 1940 (b) J. Bradock
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Bridgeton, Mo. NR
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour 10 minute 53 A.M.

21. I hereby certify that I attended the deceased from Sept 3, 1937 to April 29, 1940
that I last saw her alive on April 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease (hypertension)
Due to Central Hemorrhage (apoplexy)

Due to General Arteriosclerosis

Other conditions: 95
(Include pregnancy within 3 months of death)

Major findings: 95
Of operations: _____
Of autopsy: General Arteriosclerosis of arteries, tree necrosis heart, kidneys

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. R. Shuffler (M. D. or other) _____
Address 1020 Miss. Water Bldg Date signed 4-30-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Clement McMay

Licensed Embalmer No. 3732

P. O. Address St Louis

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.