

Registration District No. 305

Primary Registration District No. 4184

Registrar's No. 13

*Report*

1. PLACE OF DEATH:  
(a) County GASCONADE  
(b) City or town OWENSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
OWENSVILLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 19 YRS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County BASCONADE  
(c) City or town OWENSVILLE  
(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.? 0 years.

3. (a) PRINT FULL NAME FRITZ CONRAD FRIEDRICHS  
(b) If veteran, name war NONE  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 19  
year 1941 hour 4 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife LYDIA FRIEDRICHS  
(c) Age of husband or wife if alive 53 years  
7. Birth date of deceased AUG 26 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18  
1941 to June 19, 1941;  
that I last saw him alive on June 18, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 9 Days 23  
If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death:  
Acute Cardiac Dilatation  
With Auricular Fibrillation  
Due to Chronic Alcoholism  
Duration 12 hrs.  
6 yrs.

9. Birthplace LIPPE DETMOLD GERMANY  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation PROPRIETOR OF  
11. Industry or business SODA BOTTLING WORKS

MOTHER FATHER { 12. Name FRITZ A. FRIEDRICHS  
13. Birthplace BENTON GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUISA A. SULLBOLD  
15. Birthplace BENTON GERMANY  
(City, town, or county) (State or foreign country)

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?  
276 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant LEONA FRIEDRICHS  
(b) Address OWENSVILLE, MO

17. (a) BURIAL (b) Date thereof 6-21-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director W. F. Hattenbach  
(b) Address OWENSVILLE

23. Signature Paul H. Brunner (M. D. or other)  
Address Owensville, Mo. Date June 21, 1941

19. (a) 6-21-41 (b) Robert M. Murray  
(Date received local registrar) (Registrar's signature)

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

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**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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Melford H. H. Winter

Licensed Embalmer No. \_\_\_\_\_

3838

P. O. Address \_\_\_\_\_

Owensville 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.**