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25260

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 10 1942

Registration District No. 789

Primary Registration District No. 115

Registrar's No. 1668

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old Peoples Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 6600 Washington Avenue  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Rosa Maria Friedli

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... Widowed

6. (b) Name of husband or wife..... Jacob Friedli 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 6, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	29	hr. .... min.

9. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Retired

MOTHER FATHER

12. Name Christian Schmidt

13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

14. Maiden name Maria M. Oberli

15. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Friedli

(b) Address 5861 Plymouth Avenue

17. (a) Burial (b) Date thereof Aug 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1162 Hamilton Avenue

19. (a) AUG 6 - 1942 (b) (Registrar's signature) JC  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5, 1942  
year 1 hour 10 minute P M.

21. I hereby certify that I attended the deceased from April 21, 1940 to August 5, 1942  
that I last saw her alive on August 5, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 24 hr

Due to Arteriosclerotic heart 10 yrs

Due to Arteriosclerosis 10 yrs

Other conditions generalized chronic cystitis 2 yrs

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy..... gpb

Underline the cause to which death should be charged statistically.

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 Dr. H. J. ... (M. D. or other).....  
Address 3720 Washington Date signed 8/6/42

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(Licensed Embalmer's Statement on Reverse Side)

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

*Welford A Burnley*

Licensed Embalmer No.

*4202*

P. O. Address

*St Louis Mo*

**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.)**

**If this body is not embalmed, fact should be so stated above.**

# STANDARD CERTIFICATE OF DEATH

State File No. 25260

Registration District No. 784

Primary Registration District No. 118

Registrar's No. \_\_\_\_\_

### 1. PLACE OF DEATH:

- (a) County..... St Louis
- (b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
- (c) City or town.....  
(If outside city or town limits, write "RURAL")
- (d) Street No.....  
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

- 3. (a) PRINT FULL NAME Rosa Maria Jiedli
- 3. (b) If veteran, name war..... 3. (c) Social Security No.....

### MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month July Day 19 year 1942 hour 10 minute 00 M.
- 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I first saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death.....

- 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
- 6. (b) Name of husband or wife Jocob 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
- 7. Birth date of deceased July 6 (Month) (Day) (Year)
- 8. AGE: Years 79 Months 0 Days 0 If less than one day \_\_\_\_\_ min.

- 9. Birthplace Switzerland (City, town, or county) (State or foreign country)
- 10. Usual occupation.....
- 11. Industry or business.....
- 12. Name.....
- 13. Birthplace..... (City, town, or county) (State or foreign country)
- 14. Maiden name.....
- 15. Birthplace..... (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.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

- 16. (a) Informant..... (b) Address.....
- 17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)
- (c) Place: burial or cremation.....
- 18. (a) Signature of funeral director..... (b) Address.....
- 19. (a) (Date received local registrar)..... (b) R. S. Mc... (Registrar's signature)

- 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?.....
  - (Specify type of place)
  - While at work?..... (e) Means of injury.....
- 23. Signature..... (M. D. or other).....  
Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

R. S. Mc...  
(Registrar's signature)

