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S. No. 2
M—5-42
5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4188

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1522

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 9 23

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2104 S. 9th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oscar Charles Friede

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MILDRED FRIEDE.

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased JULY (Month) 14 (Day) 1887 (Year)

8. AGE: Years 55 Months 7 ~~6~~ Days 0 ~~30~~ If less than one day hr. min.

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

10. Usual occupation CARPENTER.

11. Industry or business CONTRACTOR.

FATHER
12. Name OTTO FRIEDE.
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name CAROLINE HAZELHORST.
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MILDRED FRIEDE.
(b) Address 2104 S 9th ST.

17. (a) (Burial, cremation, or removal) (b) Date thereof FEB 17-43 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST MARCUS.

18. (a) Signature of funeral director Thos Kutis & Son.
(b) Address 2906 Gravois ave

19. (a) FEB 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14. year 1943 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from February 11, 1943 to February 14, 1943 that I last saw him alive on February 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death INTRAVENTRICULAR HEMORRHAGE

Due to ARTERIOSCLEROSIS

Due to HYPERTENSION

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy INTRAVENTR. AND SUBARACHNOID HEMORRHAGE

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Homer Sweetman (M.D. or other)

Address 1515 Lafayette Avenue. Date signed 2/23/43

(Licensed Embalmer's Statement on Reverse Side)

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. Paul Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grasmere ave

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, fact should be so stated above.