

V. S. No. 2
50M-542
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15365

State File No. _____

FILED MAY 6 1943
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1030

1. PLACE OF DEATH:

(a) County St. Louis, County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Ringer & Sappington Barracks Road
(d) Length of stay: In hospital or institution 76 years
In this community 76 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry W. Friedmeyer

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years

6. (b) Name of husband or wife _____
7. Birth date of deceased Jan. 27 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Plasterer

11. Industry or business _____
12. Name Christ Friedmeyer
13. Birthplace Germany
14. Maiden name Johanna Hentleman
15. Birthplace Germany

16. (a) Informant Henry J. C. Friedmeyer
(b) Address 2899 Laura Rd. Lemay, Mo.
17. (a) Burial (b) Date thereof 5-1-43
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave
19. (a) APR 30 1943 (Date received local registrar)
C. G. McLean (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town _____
(d) Street No. Ringer & Sappington Barrack Road,
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 8:00 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 2, 1943 to Apr 26, 1943
that I last saw him alive on April 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis ?

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations GVD
Of autopsy _____

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

While at work? _____
23. Signature Waldor Will (M. D. or other)
Address Lemay R 8 Mo Date signed 4/27/43

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

MOTHER FATHER

2203 St. Louis Ave

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 John P. Burdohy

Licensed Embalmer No. 2223 Soligui

P. O. Address 1674 Lu...

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.