

FILED JUN 14 1943 18

Primary Registration District No. **1003** Registrar's No. **5148**

1. PLACE OF DEATH:

(a) County **St Louis**

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

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

(d) Length of stay: In hospital or institution **14 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**

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

(d) Street No. **4305A So. 38th St**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **William A. Friedrich**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **489-10-7284**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Agnes** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **November 29, 1905**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	6	3	hr. min.

9. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sausage Maker**

11. Industry or business **Krey Packing Co.**

12. Name **Gustave Friedrich**

13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Agnes Friedrich**
4305A So 38th St

(b) Address **Burial** **6/5/43**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **6/5/43**
(Month) (Day) (Year)

(c) Place of burial or cremation **New S.S. Peter & Paul Cem.**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
4016 Chippewa

(b) Address **JUN 4 1943** **J. F. Bredek**

19. (a) (Date received local registrar) **1943** (Registrar's signature) **J. F. Bredek**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1943** hour **11** minute **45** A. M.

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

Immediate cause of death **Extensive burns of body when he slipped & fell into a vat of hot water while working in the sausage room of Krey Packing Company 2104 Bremen Ave about 10:15 A.M. June 2 1943**

Other conditions **June 2 1943**
(Include presence within 3 months of death)

Major findings: **1st**
Of operations **2d**

Of autopsy **3d**

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) **Accident**

(b) Date of occurrence **June 2 1943**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place
(Specify type of place) (e) Means of injury

While at work? **Yes**

23. Signature **Alfred Meyer** (M. D. or other) **Alfred Meyer**
Address **4016 Chippewa** Date signed **6/4/43**

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P.O. Address 3836 Botanical

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.