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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 315

FILED FEB 27 1944

Registration District No. 318

Primary Registration District No.

Registrar's No. 414

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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 65
(If outside city or town limits, write "RURAL")

(d) Street No. 6110 Etzel Avenue.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mabel Friece

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 Married

6. (b) Name of husband or wife Clement S. Friece.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September (Month) 7, (Day) 1881. (Year)

8. AGE:

Years	Months	Days	If less than one day
62	4	5	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Henry Redmon.
13. Birthplace ? (City, town, or county) Wisconsin. (State or foreign country)

MOTHER
14. Maiden name Josephine Mashburn.
15. Birthplace ? (City, town, or county) N.Carloina (State or foreign country)

16. (a) Informant Mr. Clement S. Friece.
(b) Address 6110 Etzel Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Geo.L.Pleitsch, Inc.
(b) Address 5966-68 Easton Ave.St.Louis, Mo.

19. (a) JAN 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1944 hour 2:40 minute A M.

21. I hereby certify that I attended the deceased from December 16 1943, to January 12 1944
that I last saw her alive on January 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy same

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? Means of injury

23. Signature [signature] (M. D. or other)

Address 1515 Lafayette Avenue Date signed 1/12/44

(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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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