V. S. No. 2
00M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9978

Registration District No. 1

Primary Registration District No. 5594

Registrar's No. 16-48

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural. Meramec Tu
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hill Infirmary
(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 10 YEARS - 8 MO. 4 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural 50
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Franz Friohlich

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed

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

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

7. Birth date of deceased 4 (Month) — 30 (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	28	..... hr. ..... min.

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

10. Usual occupation Freight handler, retired

11. Industry or business As Above.

FATHER
12. Name Anton Friohlich
13. Birthplace Austria (City, town, or county) 11 (State or foreign country)

MOTHER
14. Maiden name Ann Maria Croes
15. Birthplace Austria (City, town, or county) 11 (State or foreign country)

16. (a) Informant Brother Patrick O.S.F.

(b) Address St Josephs Hill Eureka

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/2/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Fendler Und Co

(b) Address 7420 Michigan Av

19. (a) 2 Mar 45 (Date received local registrar) (b) J. A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1945 hour 1 minute 1 A.M.

21. I hereby certify that I attended the deceased from April 4 — 1944, to February 27, 1945; that I last saw him alive on February 27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Hypostatic Pneumonia	
Due to Paralysis Suffered 2/26/45	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature John L. Mardy MD (M. D. or other)

Address 3455 N. Vandeventer Av Date signed 2-2-45

386

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-19-45

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 Ray C. Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, Mo

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.