

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18885

FILED JUN 30 1945 318

Primary Registration District No. 1003

Registrar's No. 5262

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

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:  
1288 Sells Ave.  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Mr. Fridolini John Julius

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-182444a

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October 14, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 yrs. 7 28 hr. min.

9. Birthplace Franklin County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business GROGGER

MOTHER FATHER { 12. Name John Julius

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

{ 14. Maiden name Gaudenzia Noser

{ 15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Julius

(b) Address 1288 Sells Ave.

17. (a) Burial (b) Date thereof 6/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2117 E. Grand Ave.

19. (a) JUN 15 1945 (b) J. F. Breuer  
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 6 8

(d) Street No. 1288 Sells Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 13, day \_\_\_\_\_, year 1945 hour 7 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept. 1944 to June 4, 1945 that I last saw him alive on June 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 10 yrs. Duration  
Chronic arteriosclerosis 10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Albert J. Metzger (M. D. or other) \_\_\_\_\_

Address 2739 No Grand St. Date signed \_\_\_\_\_

5262

**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.....

*Alfred J. Roediker*

Licensed Embalmer No.....

*2663*

P. O. Address.....

*5934 Alpha Cir*

**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.**