

FILED AUG 11 1945

Registration District No. 37

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7544 York Drive
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7544 York Drive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Edith Friganza

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

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 Willis T. Friganza

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept. 6, 1884

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>10</u>	<u>25</u>	hr. _____ min.

9. Birthplace Spartanburg, S. C.

(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

12. Name ? Gary

13. Birthplace ? U. S. A.

(City, town, or county) (State or foreign country)

14. Maiden name Angia

15. Birthplace ? U. S. A.

(City, town, or county) (State or foreign country)

16. (a) Informant Willis T. Friganza

(b) Address 7544 York Drive.

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 8/2/45

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concord Lane

19. (a) 8-6-45

(Date received local registrar)

(b) [Signature]

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1945 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 22, 1942 to Aug. 1, 1945

that I last saw him alive on Aug 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Carcinoma) left breast 1942 metastasize to Rt hip 50 + numerous other bones

Other conditions (Include pregnancy within 5 months of date) None

Major findings: Of operations no

Of autopsy No 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 _____ (Specify type of place) (b) Means of injury _____

23. Signature [Signature] (M. D. _____)
Address 4529 South Kingshighway Blvd Date signed 8/1/45

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

162.8-70-45.

16
3
2

707

189,
040,
112

AUG 23 1945

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.....
.....
Licensed Embalmer No..... 1994
P. O. Address.....

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.