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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3310

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 388

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xxxxx 4 days (Specify whether years, months or days)
In this community 88 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Palmyra 2.
(If outside city or town limits, write "RURAL")
(d) Street No.: 603 S. Lane 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Freidank
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Philippena Freidank
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 23 (Day) 1857 (Year)

8. AGE: Years 88 Months 7 Days 4 If less than one day hr. min.

9. Birthplace: Palmyra (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired, Painter
11. Industry or business:
FATHER 12. Name: William A. Freidank
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Pilmann
15. Birthplace: Germany 11 (City, town, or county) (State or foreign country)
16. (a) Informant: C.E. Freidank 1
(b) Address: Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Mo.
19. (a) 12-29-45 (Date received local registrar) (b) Dr E.M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1945 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from — 19 42 to Dec 25 19 45 and that I last saw him alive on Dec 25 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis Angina	2yrs
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: (M. D. or other) M.D.
Address: Palmyra, Mo. Date signed 12-28-45

(Licensed Embalmer's Statement on Reverse Side)

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 Leo B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra 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.