

FILED DEC 24 1946 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**Registrar's No. **10713**

## 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:  
**Res: 4260 Flora Blv'd.,**  
 (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)

3. (a) PRINT FULL NAME **ETHEL CLAIRE FRIELINGSDORF.**

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 **Widowed.**  
 6. (b) Name of husband or wife **Hugo A. Frielingsdorf.** 6. (c) Age of husband or wife if alive **Dec'd** years  
 7. Birth date of deceased **December 28, 1871.**  
 (Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day  
**74.** **11.** **16.** hr. min.

9. Birthplace **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)10. Usual occupation **At Home.**

11. Industry or business \_\_\_\_\_

12. Name **John A. Bruce.**13. Birthplace **Kentucky.**  
(City, town, or county) (State or foreign country)14. Maiden name **Sarah Warren.**15. Birthplace **Unknown.**  
(City, town, or county) (State or foreign country)16. (a) Informant **John B. Frielingsdorf.**(b) Address **27 Middlesex Drive.**17. (a) **Entombment.** (b) Date thereof **12/16/46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Oak Grove Mausoleum.**18. (a) Signature of funeral director **C. R. Lupton & Sons.**(b) Address **7233 Delmar Blv'd.**19. (a) **DEC 18 1946** (Date received local registrar) **J. F. Bredbeck** (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis,**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4260 Flora Blv'd.,**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14th,**  
year **1946.** hour **5:00** minute **A.** M.21. I hereby certify that I attended the deceased from **3/6/40**  
\_\_\_\_\_, 19\_\_\_\_, to **12/14** 19\_\_\_\_  
that I last saw her alive on **11/25** 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death **Chronic Ulyocarditis**  
**chr. Nephritis** Duration **1 yr.**

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 \_\_\_\_\_Signature **Dwight Estel** (M. D. or other)Address **2301 So. Kingshighway** Date signed **12/16/46**

109  
2301 So. Kingsbury  
PR - 7482  
9/6/12 em

**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 Raymond L. Morris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, N.J.

**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.**