S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29046

FILED SEP 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2061

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(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 Mo. (b) County 200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4806 Allemania Ave. 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANCIS T. FRIEDRICH
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty Jean
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased March (Month) 17 (Day) 1921 (Year)

8. AGE: Years 26 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Draftsman
11. Industry or business Design Inc.
FATHER
12. Name Edward Friedrich
13. Birthplace Highland (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Hedwig Litz
15. Birthplace Highland (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Betty Jean Friedrich
(b) Address 4806 Allemania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) AUG 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1947 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from Aug 9 1947 to Aug 23 1947
that I last saw him alive on Aug 23 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	2
Due to	
Due to	
Other conditions Chronic Rheumatic Heart Disease (Include pregnancy within 3 months of death)	10 yr.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Alphonse McMahon (M. D. or other)
Address 806 Mo. Trustee Bldg Date signed 8-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

634 No Grand 1-4 Rm. 806

DEC 12 1958

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 Richard W Storrsand

Licensed Embalmer No. 4007

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.