. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36625

FILED OCT 29 1947

Registration District No. 77

Primary Registration District No. 6076

Registrar's No. 2227

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 15 years
years, months or days)

**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")

(d) Street No. 2410 Eads Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country -

3. (a) PRINT FULL NAME FRIEDL, John

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 495 26 8235

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Elizabeth Friedl (nee Tucker)

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 18 (Day) 1883 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 2 | 16 | hr. min. |

9. Birthplace Bohemia (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Unknown 7
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown 7
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Registrar

(b) Address Jefferson Barracks, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l.Cem.,Jeff.Bks.,Mo.

18. (a) Signature of funeral director McLaughlin Undertakers

(b) Address 2301 LaFayette St., St.Louis,Mo.

19. (a) 10-23-47 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 19th
year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 7, 1947, to October 19, 1947;
that I last saw him alive on October 19, 1947;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy No autopsy | |

94a

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 L. E. Stilwell (M. D. XXXX)
L. E. STILWELL

Address Jefferson Barracks, Mo. Date signed 10/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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. 3830

P. O. Address 2301 Lafayette

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.