

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39335**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **4464** Registrar's No. **2786**

4001

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Overland</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Overland 4231</b>  |  |
| c. LENGTH OF STAY (In this place)<br><b>27 yrs.</b>                                     |  | d. STREET ADDRESS (If rural, give location)<br><b>9127-Shelley Avenue</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION- <b>9127-Shelley Avenue</b>                     |  |   |  |

|   |  |  |  |
|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Ernest</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Friemel</b> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Nov. 17, 1950</b> |
|---|--|--|--|

|                       |                                  |  |  |   |
|-----------------------|----------------------------------|--|--|---|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>June 15, 1883</b> | 9. AGE (In years last birthday) Months Days Hours Min.<br><b>67</b> |
|-----------------------|----------------------------------|--|--|---|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Miss Valley Hdwe Co</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Appleton City, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|---|--|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME<br><b>Leopold Friemel</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Louise Riche</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Goldie S. Friemel</b> |
|--|--|---|

|   |  |   |  |
|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Goldie S. Friemel</b> | ADDRESS<br><b>9127-Shelley Av Overland, Mo</b> |
|---|--|---|--|

|  |   |  |  |                |
|--|---|--|--|----------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr.</b> |                |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b> |  |  | <b>5 yrs.</b>  |
|  | DUE TO (c) <b>Neurosis and Exhaustion</b>   |  |  | <b>15 yrs.</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>4201</b>   |   |  |  |                |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **Mar**, 1950, to **Nov 17**, 1950, that I last saw the deceased alive on **Nov 17**, 1950, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

|  |                   |                                     |                                   |
|--|-------------------|-------------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><b>H. J. Snyder M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>2573 Woodman</b> | 23c. DATE SIGNED<br><b>Nov 18</b> |
|--|-------------------|-------------------------------------|-----------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><b>11-20-1950</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Sedalia, Mo. via motor</b> |
|---|--------------------------------|---|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG.<br><b>11/19/50</b> | REGISTRAR'S SIGNATURE<br><b>Herbert R. Bomke M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Baumgardner Brothers and Co Inc. 2504-Woodman Rd- Overland-14-Mo.</b> |
|---|---|--|

**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 34574

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 1/2

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.