

44036

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

 BIRTH NO. DEC 30 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 575 Registrar's No. 3237

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale	
c. LENGTH OF STAY (In this place) 6 Months		4651	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAPLEWOOD NURSING HOME		d. STREET ADDRESS (If rural, give location) 28 Berry Road Park. /	

3. NAME OF DECEASED (Type or Print)	a. (First) FREDERICK	b. (Middle) W.	c. (Last) WRIEDEN.	4. DATE OF DEATH (Month) (Day) (Year) DEC. 17, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH April 9, 1867	9. AGE (In years last birthday) 85	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired;	10b. KIND OF BUSINESS OR INDUSTRY Banker	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wilken Wrieden.	13b. MOTHER'S MAIDEN NAME Caroline unk	14. NAME OF HUSBAND OR WIFE Anna Kobusch Wrieden.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edw. Elzemeyer; 28 Berry Road Pk.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis--principally cerebral arteriosclerosis.		4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 1948, to 12-17-_____, 1952, that I last saw the deceased alive on: 12-17-_____, 1952, and that death occurred at 7 P.m., from the causes and on the date stated above.

23a. SIGNATURE H. B. Woodcock, M.D.	(Degree or title)	23b. ADDRESS 19. E. Lockwood, Webster Groves 19, Mo.	23c. DATE SIGNED 12-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-19-1952	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery, St. Louis, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 12-19-52	REGISTRAR'S SIGNATURE Hubert R. D... M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons. 7233 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.481
204
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.