

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

44829

Registrar's No.

12115

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morse Mills</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Friend</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/31/52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 12, 1882</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James Friend</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ora Friend</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ora Friend</u> ADDRESS <u>--2205 University St.</u>					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Coronary thrombosis and myocardial infarction, old.</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						_____ <u>4200.</u>	
22. I hereby certify that I attended the deceased from <u>Dec 29, 1952</u> , to <u>Dec 31, 1952</u> , that I last saw the deceased alive on <u>Dec 31, 1952</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Clement J. Seeliman, H.D.</u> (Degree or title)				23b. ADDRESS <u>Mo. Pac. Hosp.</u>				23c. DATE SIGNED <u>Jan 2, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/3/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>			
DATE REC'D BY LOCAL REG. <u>JAN 2 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Delecker 3634 Gravois</u>				

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

**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

*No Embalming*

Signed \_\_\_\_\_

*Frank J. Handb.*  
Licensed Embalmer No. *2675*  
P. O. Address *St. Louis*

**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.