

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15702

State File No. ....

FILED MAY 14 1959

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3984

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3984			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) St Louis Mo		c. LENGTH OF STAY (in this place) 40 Year		c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo.		2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4410 Athlone Ave				d. STREET ADDRESS (If rural, give location) 9 4410 Athlone Ave 0					
3. NAME OF DECEASED (Type or Print) a. (First) Theodore		b. (Middle) A		c. (Last) Frietag		4. DATE OF DEATH (Month) (Day) (Year) April 14 1953			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 10 1883		9. AGE (In years) (If under 1 year: last birthday) (Months) (Days) (Hours) (Min.) 69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Libory Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Casper Frietag			13b. MOTHER'S MAIDEN NAME Helen Ablen		14. NAME OF HUSBAND OR WIFE Elizabeth Frietag				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 49-01-2419		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Frietag 4410 Athlone Ave.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis abdomen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma left kidney DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 M.O. 18 M.O.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION as above				20. AUTOPSY? 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X					
22. I hereby certify that I attended the deceased from Nov 1949, to APR 14, 1953, that I last saw the deceased alive on APR 14, 1953, and that death occurred at 5:00 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Dr. C. N. Friedman (Degree or title)				23b. ADDRESS 711 N. 4126 <sup>th</sup> Shrew Ave		23c. DATE SIGNED 4/16/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 17 -53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo			
DATE REC'D BY LOCAL REG. APR 17 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Stroot-Carroll		ADDRESS 4600 Natural Bridge Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Albert Mayfield

Licensed Embalmer No. 3077

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.