

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28227

State File No.

FILED AUG 17 1953

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Warrren			
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. LENGTH OF STAY (In this place) 10 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Wright City, Mo.		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Fredrick b. (Middle) Herman c. (Last) Held			4. DATE OF DEATH (Month) (Day) (Year) 8-4-53				
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Feb. 16, 1906	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Attendant			10b. KIND OF BUSINESS OR INDUSTRY Gas & Oil		11. BIRTHPLACE (State or foreign country) Marthasville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Otto Held			13b. MOTHER'S MAIDEN NAME Amanda Krone		14. NAME OF HUSBAND OR WIFE		
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. 488-07-9795		17. INFORMANT'S SIGNATURE OR NAME Amanda Krone			ADDRESS Wright City Mo.
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) Strangulation - Hernia AnTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inguinal Hernia for years DUE TO (c) Hydrowall II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrowall					INTERVAL BETWEEN ONSET AND DEATH 4 days 3 yr
19a. DATE OF OPERATION 8/4/53		19b. MAJOR FINDINGS OF OPERATION Strangulation of Hernia of Right Abdomen					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?			
22. I hereby certify that I attended the deceased from Aug 3, 1953, to Aug 4, 1953, that I last saw the deceased alive on Aug 4, 1953, and that death occurred at 1:42 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. C. Johnson M.D.			23b. ADDRESS Marthasville Mo.		23c. DATE SIGNED 8/5/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-53		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City, Mo.	
DATE REC'D BY LOCAL REG. 8/7/53		REGISTRAR'S SIGNATURE R. C. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Friedberg Euren & Und CO Wright City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Julius J. Nieburg*
Licensed Embalmer No. *3366*
P. O. Address *Wright City, 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.