

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32411**

FILED OCT 14 1954  
BIRTH NO. **64982-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2257**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>		b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Affton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>D.O.A.</b>		* STREET ADDRESS (If rural, give location) <b>9310 Rambler</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis County Hospital</b>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Diana</b>	b. (Middle)	c. (Last) <b>Friedrich</b>	(Month) <b>Sept</b>	(Day) <b>23</b>	(Year) <b>1954</b>

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Aug 5, 1954</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Otto E Friedrich Jr</b>	13b. MOTHER'S MAIDEN NAME <b>Raquel</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Otto E Friedrich</b>	ADDRESS <b>9310 Rambler</b>
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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, ashenia, 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) <b>Death from a gunshot wound to the</b>			<b>head</b>
	entering on the left at about the midpoint and exiting in the temple on the right side - the projectile passing forward from behind and to one side.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b></b> DUE TO (c) <b></b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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 (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Affton St. Louis Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>Sept. 23, 1954 8:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Gunshot wound of head</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold J. Willmann</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>9-28-54</b>
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24a. BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION <b>CREMATION</b>	24b. DATE <b>9/25/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/25/54</b>	REGISTRAR'S SIGNATURE <b>Robert R. Ambler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein</b>	ADDRESS <b>Sons 7027 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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 # .....  
Signature of Student Embalmer

Signed *B. R. Kidwell* .....

Licensed Embalmer No. *387* .....

P. O. Address *7027 Gra* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.