

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 4 1955

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 683

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) Lemay		c. CITY OR TOWN Lemay	
c. LENGTH OF STAY (In this place) 5 Years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4707 South Drive		STREET ADDRESS (If rural, give location) 4704 South Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Lemar	b. (Middle) Howard	c. (Last) Friesland	4. DATE OF DEATH (Month) (Day) (Year) March 22 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 31 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Sowestern Bell Tele. Co.	11. BIRTHPLACE (City and State or Foreign Country) Coffeen, Ill	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James Friesland	13b. MOTHER'S MAIDEN NAME Sahara Davis	14. NAME OF HUSBAND OR WIFE Avis Friesland (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W.W.I. 488-10-4898	17. INFORMANT'S SIGNATURE OR NAME Mrs Sahara Davis Witt, Ill	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation (?)		INTERVAL BETWEEN ONSET AND DEATH instantly
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cornary arteriosclerotic years		
	DUE TO (c) Heart disease		
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 4200	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 **Mar 29, 1955**, to **Mar 22, 1955**, that I last saw the deceased alive on **April 1, 1955**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Boville Cook	(Date or time)	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED Mar 24 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 26th 1955	24c. NAME OF CEMETERY OR CREMATORY Crab Tree Cem.	24d. LOCATION (City, town, or county) (State) Litchfield, Ill
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DATE REC'D BY LOCAL OFF. 3/24/55	REGISTRAR'S SIGNATURE Herbert R. Lombardi	25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home, Mehlville Mo.	ADDRESS
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WRITE PLAINLY—USING UNFAADING 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
Signature of Student Embalmer

Signed *John S. Kenne*

Licensed Embalmer No. *419*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.