

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

318

1003

State File No. 30848
Registrar's No. 79773

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 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 _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		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: <u>Mo. Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3639 Aldine Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Friel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 19, 1891</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Edward Fiechtmann</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret O'Connell</u>		14. NAME OF HUSBAND OR WIFE <u>Frank X. Friel (decd.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-32-3413</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Veronica Hoeffner</u> ADDRESS <u>3639 Aldine Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosclerosis - advanced</u>				<u>5 years</u>	
				DUE TO (c) <u>Aortic Stenosis</u>				<u>years?</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral Stenosis</u> <u>Cirrhosis of Liver</u>				<u>5-10 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) (Min.) _____		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 <u>1</u> , 19 <u>53</u> , to <u>9-9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>55</u> , and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John Lawrence</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3720 Washington Blvd</u>		23c. DATE SIGNED <u>9-10-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State); <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 12 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullinane Bros.</u> ADDRESS <u>3320 N. Kingshighway</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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fred Frick*.....

Licensed Embalmer No. *318*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.