

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20476

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>226</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>19 Hrs</u>		c. CITY OR TOWN <u>Jennings</u>		4008 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8715 GRANADA PLACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLA A</u>			b. (Middle) <u>-</u>		c. (Last) <u>Friemel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29-1957</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 2-1903</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Vienna Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA FISCHER</u>			14. NAME OF HUSBAND OR WIFE <u>Alfred John Friemel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred John Friemel</u> ADDRESS <u>Jennings</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Shock</u> <u>Puncture of RT femur</u> ANTECEDENT CAUSES <u>T. Hemiparesis, Horax</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Compound Fracture of RT femur</u> <u>Fracture of 1st & 2nd ribs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>
19a. DATE OF OPERATION <u>6/29/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Compound Fracture of RT Femur 17'</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident Highway 54</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Miller Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 28-1957 9:35P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto accident</u>			
22. I hereby certify that I attended the deceased from <u>6/28/57</u> , 1957, to <u>6/29</u> , 1957, that I last saw the deceased alive on <u>6/29</u> , 1957, and that death occurred at <u>4:55P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Francis J. Meier M.D.</u>				23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>6/29/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 2-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>	
DATE REC'D BY LOCAL REG. <u>30 June 1957</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris M.D. - M.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Hays</u>		ADDRESS <u>Eldon Mo</u>	

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

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MAR 5 1958
JUL 30 1957

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

Keith M. Raess

Licensed Embalmer No. 3998

P. O. Address Eldon Missouri

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.