

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

318

1003

38281
STATE FILE NUMBER
9226

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5749 Floy Avenue		d. STREET ADDRESS (If outside, give location) 5749 Floy Avenue	
3. NAME OF DECEASED (Type or print) First HERMANN Middle WILLIAM Last VON FRIELING		4. DATE OF DEATH Oct. 2nd, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23rd, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinetmaker		10b. KIND OF BUSINESS OR INDUSTRY Cabinetmaking	
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Von Frieling		14. MOTHER'S MAIDEN NAME Margaretta (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Dorethea Von Frieling, 5749 Floy Avenue,		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning E973.1 DUE TO (b) DUE TO (c) Self administered when found in automobile in garage of home PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) While suffering from temporary mental debilitation			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter cause of injury in Part I or Part II of item 18) an the side of road. 1957.
20c. TIME OF INJURY. Hour ? Month 10 Day 2 Year 57		20d. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Garage	
20e. CITY/TOWN, OR LOCATION St. Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from 4:10 P. to 4:10 P. and last saw her/him alive on 10.3.57 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick L. Taylor Carame (Degree or title)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 10.3.57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/7/57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR CALVIN F. PEUTZ, 4828 Natural Bridge Blvd., Saint Louis, 15, Missouri		25. DATE RECD. BY LOCAL REG. OCT 3 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD			

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 A. Minner*

Licensed Embalmer No. 418

P. O. Address *J. L. ...*

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.