

t. Health,
& Welfare
S. Public
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v. 1-56

Securing the medical certificate in the specific manner required by 192.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

45823
STATE FILE NUMBER
12045

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay		4830	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros Hosp.			Length of stay in lb 3 Days		d. STREET ADDRESS 3709 Will Ave		(If outside, give location) 27	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle J.C. Last Friedmeyer				4. DATE OF DEATH Month Dec Day 13 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 12 1878		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Month 6 Day 1	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) St Louis Co Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Theodore Friedmeyer				14. MOTHER'S MAIDEN NAME Mary Cronen					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, in or unknown) (If yes, give year or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT Mr Norman Friedmeyer			Address 2555 Telegraph Rd Lemay 23 Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism arteriosclerotic heart disease arteriosclerotic heart disease DUE TO (b) 420. OF DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH several yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fract. h. hip Fract. left hip							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pt. fell in sanitarium fracturing h hip						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			12-10-57						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (In or out of home, farm, factory, street, office bldg., etc.) St. Vincent Sanitar.		20f. CITY, TOWN, OR LOCATION St. Louis Co., Mo.		COUNTY St. Louis		STATE Mo.	
21. I attended the deceased from 4-1-57 to 12-13-57 and last saw her alive on 12-13-57 Death occurred at 2 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE E.D. Orecelius				22b. ADDRESS 752 Lemay Ferry Rd. 752 Lemay Ferry			22c. DATE SIGNED 12.14.57		
23a. BURIAL, CREMATION, REMOVAL, SPECIFY Burial		23b. DATE Dec 16 1957	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.		23d. LOCATION (City, town, or county) Lemay Mo.		(State)		
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.				25. DATE RECD. BY LOCAL REG. DEC 16 57		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. M.P.B.			

(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 *John S. Dennis*

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.