

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023297
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6023

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 16 St. Louis, Mo.		c. CITY OR TOWN Bourbon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) 319	
3. NAME OF DECEASED (Type or print) First Middle Last Anna Friesenhan		4. DATE OF DEATH Month Day Year June 9, 1958	
5. SEX Female /	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 Sept. 28, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) 4 Germany
13a. FATHER'S NAME Nicholas Wehn		13b. MOTHER'S MAIDEN NAME Marie Ficker	14. NAME OF HUSBAND OR WIFE Leopold Friesenhan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None	17. INFORMANT Helen Merkel, Bourbon, Mo.
18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Vein Stripping Cardiac Arrest DUE TO (b) Cardiac Arrest DUE TO (c) Anesthesia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) While under going above operations (veins in both legs) at Missouri Baptist Hospital on June 9, 1958.			INTERVAL BETWEEN ONSET AND DEATH 460x
20a. ACCIDENT <input checked="" 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.) operations (veins in both legs) at Missouri Baptist Hospital on June 9, 1958.		
20c. TIME OF INJURY Hour Month, Day, Year 6 9 58 June 9, 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12 Hoop		
20e. CITY, TOWN, OR LOCATION St Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) Patrick Taylor Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6-11-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-10-58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Bourbon, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. JUN 11 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD m & B

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 *J. W. Dinkley*
Licensed Embalmer No. *365*
P. O. Address *St. Louis, Mo.*

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.