

JURI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033812

FILED VS. OCT. 5 1959

Registration District No. _____

Primary Registration District No. _____

Registrar's **2 8727**

STATE FILE NUMBER

ENDED

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 St. Louis, Missouri.		Length of stay in 1b 50 years	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4551a West Papin Street.,			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4551a West Papin Street.,	
3. NAME OF DECEASED (Type or print) First Cora Middle Louise Last Friedrich			4. DATE OF DEATH Month September Day 22, Year 1959		
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 3/11/1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME William C. Bergmann		13b. MOTHER'S MAIDEN NAME Mary Unavailable		14. NAME OF HUSBAND OR WIFE Gus Friedrich, dec'd	
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 Address Mrs. Aimee Friedrich, 7337 Princeton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction Myocardium DUE TO (b) Arteriosclerosis of coronary arteries DUE TO (c) 420.1					INTERVAL BETWEEN ONSET AND DEATH Minutes years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Gall stones 2) Aneurysm of abdominal aorta				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from June 6 1944 to Sept 22 1959 and last saw her ^{her} _{him} alive on Sept 21 1959 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Kay Saint Williams M.D.		22b. ADDRESS 114 No Taylor St. Kansas 8 MO		22c. DATE SIGNED 9/22/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/22/59	23c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.,		25. DATE RECD. BY LOCAL REG. SEP 22 59		26. REGISTRAR'S SIGNATURE Harold Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1959

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. P. Dinkley
Licensed Embalmer No. 7365
P. O. Address St Louis 8

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.

OCT 6 1959