

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4253** - **61-015146** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS,** Length of stay in 1b
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST JOHN'S HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY
 c. CITY OR TOWN **ST LOUIS,** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4229 W. FARLIN AVE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
WILLIAM H. FRIEDEWALD

4. DATE OF DEATH Month Day Year
MAY 2, 1961

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/25/1890** 9. AGE (last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED POLICE OFFICER** 10b. KIND OF BUSINESS OR INDUSTRY **METRO POLICE DEPT** 11. BIRTHPLACE (City and state or country) **ST LOUIS MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **FREDERICK FRIEDEWALD** 13b. MOTHER'S MAIDEN NAME **MARY FISCH** 14. NAME OF HUSBAND OR WIFE **ALBERTINE FRIEDEWALD**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT Address **ALBERTINE FRIEDEWALD 4229 W. FARLIN**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **8 hrs.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arterio sclerotic heart dis.** **1 year plus**
 DUE TO (c) **4200**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Diabetes mellitus** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE **No No No** 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 NOT WHILE AT WORK 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 **July 1960** to **5/2/61** and last saw him alive on **May 2-1961**
 Death occurred at **7:30 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John J. Hammond M.D.** 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **5/4/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **5/7/61** 23c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 23d. LOCATION (City, town, or county) **ST LOUIS MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **STROOT - CARROLL 4600 NATURAL BRIDGE** 25. DATE RECD. BY LOCAL REG. **MAY 4 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. John Hammon
Miss Heister Bldg.
Je 11477.30
12/16/53
Heister

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 M. W. Rueter

Licensed Embalmer No. 4865

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.