

FOURTH DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022563

318

1003

6244

STATE FILE NUMBER

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

FILED JUL 13 1961

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u> Length of stay in lb <u>10 YRS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY _____ c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>4131 WESTMINSTER PLACE</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>C. O. A. CITY HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH <u>JULY 3 1961</u>	

3. NAME OF DECEASED (Type or print) First <u>WILBUR</u> Middle <u>CHARLES</u> Last <u>FRIDDLE</u>			4. DATE OF DEATH <u>JULY 3 1961</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12/2/1899</u>	9. AGE (last birthday) <u>61</u>	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) <u>MEAT CUTTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT MARKET</u>	11. BIRTHPLACE (City and state or country) <u>GREENVILLE, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES FRIDDLE</u>	13b. MOTHER'S MAIDEN NAME <u>LENA JANE SKELTON</u>	14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	17. INFORMANT Address <u>MRS FLORENCE M. MAGILL 10115 NEWBOLD DR. ST. LOUIS 37 MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion;</u> DUE TO (b) <u>Coronary Sclerosis.</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 _____ to _____ and last saw her/him _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Deputy Coroner</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>7-6-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL - MOTOR</u>	23b. DATE <u>JULY 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. ROSE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>GREENVILLE ILLINOIS</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wiedmeyer & Co. 3924 N. 20th</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 5 1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 J. Haenicke

Licensed Embalmer No. 4108

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.