

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032401

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 217

AMENDED **F**

LED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		c. CITY OR TOWN <b>Owensville</b>	
Length of stay in 1b <b>7 hrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Springfield Rd.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Herman</b> Last <b>Friedrichs</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>13,</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-27-87</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired soda bottler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Soda Industry</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>F. A. Friedrichs</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Sullbold</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Colorado Spgs</b> <b>Mrs. Maurice Filla - Colorado Spgs</b>	
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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) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterial Sclerosis of Arteries</b>	
	DUE TO (c) <b>General Arterial Sclerosis</b>	
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 checked="" type="checkbox"/> NO <input 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 <b>9:50</b> a.m. Month, Day, Year <b>9-13-1961</b>		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 **9:50** on **9-13-1961** and last saw him alive on **9-13-1961**  
Death occurred at **9:50** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <b>Charles W. ...</b>		22b. ADDRESS <b>General ...</b>	22c. DATE SIGNED <b>9-15-61</b>
23a. BURIAL, CREMATION, RECOVERY (Specify) <b>burial</b>	23b. DATE <b>9-16-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Owensville City Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>

24. FUNERAL DIRECTOR ADDRESS <b>Gottenstroeter Funeral Home</b> <b>Owensville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9/15/61</b>	26. REGISTRAR'S SIGNATURE <b>Lois P. ...</b>
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*Michael W. ...* (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 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 JERRY A. THOMPSON, Student Embalmer No. 624  
working under my personal supervision.

Student

Jerry A. Thompson  
Signature of Student Embalmer

Signed

Melford H H White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.