

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046305

318

1003

11837

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

AMENDED

FILED DEC 27 1961

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		Length of stay in 1b 1 YEAR	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3822 CASTLEMAN AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN AMELIA FRIEND			4. DATE OF DEATH Month Day Year DECEMBER 18, 1961	
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/2/1882	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY SALVATION ARMY	11. BIRTHPLACE (City and state or country) NEW SOUTHGATE, ENGLAND	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME (Unknown) Josiah GOLDING	13b. MOTHER'S MAIDEN NAME Alice Friend	14. NAME OF HUSBAND OR WIFE WILLIAM GEORGE FRIEND
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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. _____	17. INFORMANT MR. A.W. FRIEND	Address 3822 CASTLEMAN AVENUE
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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) <i>Starvation Acidosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic and Hypertensive Disease</i>	<i>20 yrs</i>
	DUE TO (c) <i>Generalized arteriosclerosis</i>	<i>20 yrs</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I) <i>Diabetes Mellitus</i>		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
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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.) 443X
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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
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21. I attended the deceased from _____ to _____ and last saw her/him _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>J. Shakada, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Medical West Bldg</i>	22c. DATE SIGNED <i>12/18/61</i>
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23a. BURIAL, CREMATION, REMOVAL <i>REMOVAL</i>	23b. DATE <i>12/20/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>GLEN OAK CEMETERY</i>	23d. LOCATION (City, town, or county) <i>CHICAGO, ILLINOIS</i>
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24. FUNERAL DIRECTOR <i>BEIDERWIEDEN F.H. INC.</i>	ADDRESS <i>1936 ST. LOUIS AVE</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 19 1961</i>	26. REGISTRAR'S SIGNATURE <i>Head Smith, M.D.</i>
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DATE AMENDED  
1/3/62

INSTEAD OF  
Unknown

BY AFFIDAVIT OF  
13a, b Josiah & Alice Friend

DOCUMENT  
MEDICAL CERTIFICATION

**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 \_\_\_\_\_

*Homer H. Fritz*

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.