

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**663-050211**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3802

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 3 1964**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Chesterfield</b>	
Length of stay in 1b		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>DOA St. Louis County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>rural route</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>INES</b> Middle <b>LILLIAN</b> Last <b>FRIDLEY</b>			4. DATE OF DEATH Month <b>December</b> Day <b>12th</b> Year <b>1963</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-15-1879</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Defiance, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>George Keller</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Pillman</b>	
14. NAME OF HUSBAND OR WIFE <b>Currier E. Fridley</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>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Ralph Fridley, 8944 Powell Ave.</b>		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>arteriosclerosis heart disease</b>		Brentwood 17 Missouri INTERVAL BETWEEN ONSET AND DEATH <b>10yr</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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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 <b>St. Charles Mo</b>	
20g. COUNTY		20h. STATE	

21. I attended the deceased from <b>1959</b> to <b>1963</b> and last saw her alive on <b>Nov 1963</b> Death occurred at <b>7:00 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>W. J. Byrner</i> (Degree or title) <b>MD</b>	22b. ADDRESS <b>St. Charles Mo</b>
22c. DATE SIGNED <b>12-13-63</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12-15-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Lupton Chapel, Inc. St. Louis 30, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-13-63</b>		26. REGISTRAR'S SIGNATURE <i>John B. Mumfley</i>			

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>4002</u>	INSTEAD OF	DOCUMENT
2 <u>4000</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	BY AFFIDAVIT OF
3	SHOULD READ	ITEM NO.
4 <u>1</u>	OR	TYPEWRITER RIBBON
5 <u>2</u>	SHOULD READ	ITEM NO.
6	SHOULD READ	ITEM NO.
7 <u>0</u>	SHOULD READ	ITEM NO.
8 <u>2</u>	SHOULD READ	ITEM NO.
9 <u>94200</u>	SHOULD READ	ITEM NO.
10	SHOULD READ	ITEM NO.
11	SHOULD READ	ITEM NO.
12 <u>92-0</u>	SHOULD READ	ITEM NO.
13	SHOULD READ	ITEM NO.

Dr. Poggenmeyer  
302 S. 2nd Street  
RA 4-6336  
04

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.