WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31683

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9025

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Samuel H. Friedberg

(a) Residence. No. 5500 Cabanne St., 5 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lottie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 15 - 64

7. AGE: 62 YEARS, 11 MONTHS, DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Whole Sale Grocery
(b) General nature of industry, business, or establishment in which employed (or employer): 93 C
(c) Name of employer: 107 A

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

PARENTS
10. NAME OF FATHER: Mr. Solomon Friedberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Lottie Silberman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Mr. Arnold Just
(Address) 5500 Cabanne

15. FILED OCT 10 1927, 19..... Mar C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10 - 10 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 11:40 A.M. 10 - 10, 1927, to 10 - 10, 1927 that I last saw him alive on 10 - 10, 1927, and that death occurred, on the date stated above, at 1:55 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
Emphysema Non Tuberculosis
Chronic Myocarditis
Pulmonary edema (duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY): B Pneumonia
Broncho (duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) George S Littell, M. D
, 19 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Joseph Mo.
DATE OF BURIAL: 10 - 10 - 1927

20. UNDERTAKER: H. Rindskopf
ADDRESS: 5216 Delmar