

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

Do not use this space.

11066

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis*

Registration District No. *791*  
Primary Registration District No. *1003*  
(No. *4257<sup>a</sup>*) *Summala*

File No.....  
Registered No. *3100*  
St..... Ward.....

**2. FULL NAME**

*Jacob Friedmann*  
(a) Residence, No. *4257* - *Summala* St., *16* 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 *Mary Friedmann*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 11 - 1856*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*73* | *6* | *16*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Labourer - Porter*  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer *Lehmann Machine Co*

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) *Germany*

**10. NAME OF FATHER**

*John Friedmann*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) *Germany*

**12. MAIDEN NAME OF MOTHER**

*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) *Germany*

**14.**

INFORMANT *Mary Friedmann*  
(Address) *4257<sup>a</sup> Summala St*

**15.**

FILED *28 1930*  
REGISTRAR *W. Starkley*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 27* 19*30*

17. *no physician in attendance*  
I HEREBY CERTIFY, That I attended deceased from.....  
....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... *5 A* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*  
*93c*

**CONTRIBUTORY (SECONDARY)**

(duration) yrs..... mos..... ds.....  
*90B*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *W. L. Kerney* M. D.  
*3/28*, 19*30* (Address) *Dep. Coroner*

\*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**

*New St. Peter Paul* DATE OF BURIAL *Mar 29 1930*

**20. UNDERTAKER**

*Wacker-Helderle* ADDRESS *2331 S. Blum*

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.

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

10  
28

