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.

1 1930

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

Do not use this space.

27815

1. PLACE OF DEATH

County St Louis — Registration District No. 788 — File No.

Township ~~Carondelet~~ — Primary Registration District No. 4471 — Registered No. 70

City Webster Groves (No. Grant Road nr Big Bend Rd. St. Ward)

2. FULL NAME Louis B. Friedman

(a) Residence. No. 4141 W. Pine St St., Ward. St Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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: Husband of Mrs. Dora Friedman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 20, 1868

7. AGE: Years 62 — Months 3 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): General Mdse

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovachia

PARENTS

10. NAME OF FATHER: Napthali Friedman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovachia

12. MAIDEN NAME OF MOTHER: Rebecca Kleinman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovachia

14. INFORMANT: A. M. Friedman
(Address) 744 Syracuse

15. FILED 8-16 1930. Dr. A. W. Westrup, Registrar
J. Carlock

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 14th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1930, to Aug. 14th, 1930, that I last saw him alive on Aug. 14th, 1930, and that death occurred, on the date stated above, at 6.35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis. General and Cerebral. 107A
97

(Undetermined) (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Broncho Pneumonia
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Paul Hines, M. D

8/14, 1930 (Address) Glenwood Sanatorium, Webster Groves, Mo.

*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 Mt. Sinai — DATE OF BURIAL: 8/17 1930

20. UNDERTAKER: H B Berger — ADDRESS: 4715 McPherson