

MAY 13 1935

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

Do not use this space.

14658

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *Lutheran H. 1003*)

File No.....
Registered No. **3493**
St. Ward)

2. FULL NAME

Solomon H. Friedlob
(a) Residence, No. *1324 Temple* St., *6* 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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Cornance Friedlob</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 17-18 79</i>		
7. AGE	YEARS <i>63</i>	MONTHS <i>28</i>
	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>retired</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>clothing salesman</i>	
	10. Date deceased last worked at this occupation (month and year).....	
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jackson Tennessee</i>		
MOTHER	13. NAME <i>Julius Friedlob</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
	15. MAIDEN NAME <i>Bobette Felsenthal</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>		
17. INFORMANT <i>Mrs. Edward Witteoff</i> (ADDRESS) <i>7220 Parkway</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>mt. Sinai Cem.</i> DATE <i>4-17-35</i>		
19. UNDERTAKER <i>H. Rindskopf</i> (ADDRESS) <i>5216 Delmar</i>		
20. FILED <i>APR 17 1935</i> <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 15*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 15*, 19 *35*, to *Apr 15*, 19 *35*
I last saw him alive on *Apr 15*, 19 *35* Death is said to have occurred on the date stated above, at *7 P. M.*
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset *Apr 15*

Other contributory causes of importance:
arteriosclerosis *3 yrs*

Name of operation *none* Date of.....
What test confirmed diagnosis? *Physical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *A. M. Frank*, M. D.
(Address) *714 Mo. State Bldg*

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.

