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.

APR 11 1936

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

791

Do not use this space.

12628

1. PLACE OF DEATH

County..... Registration District No. 1003

Township..... Primary Registration District No.....

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

File No.....

Registered No. 2663

2. FULL NAME Sam Fried

(a) Residence, No. 3659 McDonald 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: Katherine Fried

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 8, 1872

7. AGE: Years 63 Months 7 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blacksmith

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): Oakville, Mo.

FATHER

13. NAME: Phillip Fried

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Edwin Fried 3659 McDonald

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Lawn Cem. DATE 3-12, 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. Sargent

20. FILED MAR 10 1936, 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-20-1936, to 3-10-1936, I last saw him alive on 3-10-1936, 9 A.M. Death is said to have occurred on the date stated above, at ....a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1/10/36
Secd. Bladder, due to gall stones	
Other contributory causes of importance:	
Lobar Pneumonia (Terminal)	3/9/36

Name of operation Cholecystectomy Date of 2/19/36

What test confirmed diagnosis? Phy. Sys. 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) P. Hoffmeister M. D.

(Address) 3948 S. Broadway

Dr Hoffman
1-3
3158 S. Grand