

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

Do not use this space.

SEP 24 1936

791

35530

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Jewish Hospital**) St. Ward)

2. FULL NAME

LOUIS FRIEDBERG

(a) Residence, No. **730 N. 6th St. East, St. Louis, Mo.**
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 **Fannie Friedberg**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **UNKNOWN**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Grocer**
 10. Date deceased last worked at this occupation (month and year) **1933** 11. Total time (years) spent in this occupation **30** yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**

17. INFORMANT **Sam Friedberg**
 (ADDRESS) **730 N. 6th East St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **9-4-36**

19. UNDERTAKER **Ozenhandler Funeral Dir**
 (ADDRESS) **4468 Washington Blvd.**

20. FILED **SEP 4 1936**
J. F. Bredeck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 4 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 2 1936** to **Sept 4 1936**

I last saw him alive on **Sept 4 1936** Death is said to have occurred on the date stated above, at **9:50 a.m.**

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

Cerebral hemorrhage
arterio-sclerosis
hypertension
 Date of onset **2 weeks**
10 yrs

Other contributory causes of importance
arterio-sclerosis
hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....
 (Signed) **Kenneth S. Salts**, M. D.
 (Address) **4500 Olive**

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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