

JAN 29 1937

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

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1. PLACE OF DEATH

County *St. Louis Ferguson Town* Registration District No. *933*
Township *St. Ferdinand* Primary Registration District No. *4468*
City *Robertson* (No. *Jewish Sanatorium*)

File No. _____
Registered No. *212*
St. _____ Ward _____

2. FULL NAME *SAM FRIEDMAN*

(a) Residence, No. *4611 - Vernon Av., St. Louis* Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *36* yrs. mos. ds. How long in U. S., if of foreign birth? *30* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *MALE* 4. COLOR OR RACE *WHITE* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *MARRIED*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 7, 1936*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Kala Friedman*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 27, 1934*, to *November 7, 1936*

I first saw him alive on *November 7, 1936*. Death is said to have occurred on the date stated above, at *10:10 P.M.*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *86* — — —

Arteriosclerotic heart disease (chr.)

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. *Merchant*
10. Date deceased last worked at this occupation (month and year) *1937* 11. Total time (years) spent in this occupation *30*

Other contributory causes of importance: *Terminal pneumonia*

MOTHER FATHER

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

13. NAME *Samuel Friedman*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Mr. S. D. Hepp*

18. BURIAL, CREMATION, OR REMOVAL *Chapel of the Immaculate 11/8/36*

19. UNDERTAKER (ADDRESS) *Day handler Kunkler 4469 Washington*

20. FILED *Nov 8 1936 W.A. Zittler Registrar.*

Name of operation _____ Date of _____
What test confirmed diagnosis? *chr.* Was there an autopsy? *no.*

23. If death was due to external causes (accidents, fall 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) *W. A. Zittler* _____, M. D.
(Address) *Jewish Sanatorium Robertson, Mo.*

W. A. Zittler

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 333

File No. _____

Township _____

Primary Registration District No. 4468

Registered No. 212

City Ferguson Town

St. _____ Ward _____

2. FULL NAME

Sam Friedman

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 86 - -

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

arterio sclerotic heart disease

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

Other contributory causes of importance:
Terminal Pneumonia Broncho

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 11/8 1937 W. A. Zeidler Registrar.

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) Edg. Simon, M. D. (Address) Hopital Sanatorium

Paul Smith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

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