

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

Do not use this space.

REC'D DEC 22 1938

40111

**1. PLACE OF DEATH**

County Ralls Registration District No. 725  
 Township Center Primary Registration District No. 4431  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

643 Walter Friedwald  
 (a) Residence, No. Ralls Co Infirmary Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
74 2 3

OCCUPATION 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. Labor  
 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) Penn

MOTHER 13. NAME James Friedwald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mr Charles P Gattward  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Infirmary DATE Dec 3 1938

19. UNDERTAKER (ADDRESS) M. H. Carr  
Center

20. FILED 193/38 1938 Center Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1938, to Dec 3 1938  
 I last saw him alive on Nov 19 1938 Death is said to have occurred on the date stated above, at X-a m.

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

apoplexy 40 11/15/38  
 Date of onset  
 Other contributory causes of importance: High Blood Pressure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? High Blood Pressure 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) C. A. Brooks M. D.  
Center, Mo  
 857 (Address) \_\_\_\_\_ 3

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-741

Date Filed 2/9/38