APR 15 1940

. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9043

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2526

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6245 Northwood Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6245 Northwood
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 yrs. years.

3. (a) PRINT FULL NAME Gittel Friedman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry Friedman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased ---------- (Month) (Day) (Year)

8. AGE: About Years 70 Months -- Days -- If less than one day hr. min.

9. Birthplace Riga (City, town, or county) Russia 7 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Russia 7 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Russia 7 (State or foreign country)

16. (a) Informant Joseph C. Friedman
(b) Address 6245 Northwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Lindskopf
(b) Address 5 [illegible] Delmar Blvd

19. (a) MAR 17 1940 (Date received local registrar) (b) J. B. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 6:45 pm minute M.

21. I hereby certify that I attended the deceased from Jan, 1936, to 3/15, 1940
that I last saw her alive on 3/15, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, bilateral

Due to chronic bronchitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Goldman (M. D. or other)
Address 634 N. Grand Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.