

3-40
7-39
K23192

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5406 Lissette
(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)

3. (a) PRINT FULL NAME Robert Louis Friedmann

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 4

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

7. Birth date of deceased July 21, 1937
(Month) (Day) (Year)

8. AGE: Years 3 Months 7 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph A. Friedmann

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliabeth OBrien

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Friedmann

(b) Address 5406 Lissette

17. (a) Burial (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul C.M.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 635 E. 12th St. St. Louis, Mo.

19. (a) FEB 15 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 172
(d) Street No. 5406 Lissette
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1941 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from February 15th, 1941 to February 19th, 1941
that I last saw him alive on February 18th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 day

Due to _____

Due to _____

Other conditions Scarlet Fever 4 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) XXX

(b) Date of occurrence XX

(c) Where did injury occur? XX
(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 Dr. W. H. Walter (M. D. or other) _____

Address 3608 So. Grand Blvd. Date signed 2/19/41

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: *Frank Ludwig*
Licensed Embalmer No. *2504*
P.O. Address: *St. James*

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, fact should be so stated above.