

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

REV. 6-17-39 1 X1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33306

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8261

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether)  
 In this community 28 years  
years, months or days

3. (a) PRINT FULL NAME JOE FRIEDMAN

8. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Bessie Friedman 6. (c) Age of husband or wife if alive 42 years

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

8. AGE: Years Months Days If less than one day  
Abt. 45 hr. min.

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

10. Usual occupation Shoe Maker

11. Industry or business Shoe Repair

12. Name Ozreal Simcha Friedman

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Chana Onia

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Drury Friedman

(b) Address 5579 St. Louis Ave

17. (a) Burial (b) Date thereof 10-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director Odenhandler

(b) Address 4469 Washington Blvd.

19. (a) OCT 17 1941 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1253a Aubert  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 28 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day October  
 year 1941 hour 1:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 11-41  
 \_\_\_\_\_, 19\_\_\_\_, to Oct 16, 19\_\_\_\_

that I last saw him alive on Today Oct 16, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart disease, Mitral Stenosis

Due to \_\_\_\_\_

Due to Portal Liver congestion

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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

28. Signature Edwin J. Schaefer, M.D. (M. D. or other)  
 Address 946 - 1/2 - 1st St. St. Louis Date signed 10-16-41

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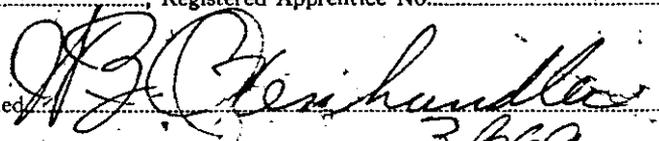
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. ....

3669

P. O. Address.....

**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.**