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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 8 1942

State File No. 8566

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2232

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether In this community 29 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5837 Maffit (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MORRIS FRIEDMAN
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Friedman
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Dec. 6th, 1894 (Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation Dealer
11. Industry or business Used Cars
FATHER
12. Name Chiam Reshansky
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)
MOTHER
14. Maiden name Chia Goldie Ostrov
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Frances Friedman
(b) Address 5837 Maffit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Hamodrosh Hagodol
18. (a) Signature of funeral director O. Venhandle
(b) Address 4469 Washington
19. (a) MAR 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10 year 42 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-25, 1940, to 3-10, 1942, that I last saw him alive on 3-10, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Edward G Berger (M. D. ~~or other~~)
Address 634 N. Grand Ave Date signed 3-10-42

(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 W. Z. Kenhandle

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, fact should be so stated above.