V. S. No. 2
50M—5-42
Rev. 5-17-3
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 265

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 890

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:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 95

(a) State Missouri (b) County 2
(c) City or town Clayton 3 NR.
(If outside city or town limits, write "RURAL")
(d) Street No. #6 Berkshire
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Dr. Lawrence E. Friedman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lou Friedman
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 38			hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Physician
11. Industry or business

FATHER
12. Name Sam Friedman
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Sarah Schneider
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Mrs. Lawrence Friedman
(b) Address #6 Berkshire
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director J. B. Rindskopf
(b) Address 5216 Delmar Blvd.
19. (a) JAN 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1943 hour 10 minute 10 p. M.
21. I hereby certify that I attended the deceased from 1935, 19, to 1/27, 1943, that I last saw h. alive on 1/27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia, left (Cerebral hemorrhage) — Duration 1 day.
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Cerebral hemorrhage.

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 Arthur E. Strauss (M. D. ~~other~~) MD
Address 539 N. Grand Date signed 1/29/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1944

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 C. W. 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, fact should be so stated above.