

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7

Registration District No. 319 Primary Registration District No. 6079

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

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 (Specify whether _____)

3. (a) PRINT FULL NAME ANDREW H. FRIEDMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased DEC 18 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 1 26 _____ hr. _____ min.

9. Birthplace Ill Mo - O
(City, town, or county) (State or foreign country)

10. Usual occupation Saloon

11. Industry or business _____

12. Name JOHN FRIEDMAN

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

14. Maiden name SOPHIA SUCHER

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

16. (a) Informant Lawrence Friedman
(b) Address St. Genevieve Mo

17. (a) BURIAL (b) Date thereof 2-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo C. Bayler
(b) Address St. Genevieve Mo

19. (a) Feb 15/43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE MO

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Ste. Genevieve Twp.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 12
year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 1934, to Feb 12, 1943
that I last saw him alive on Jan, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Myocardial Infarction

Due to Coronary Hypertrophy 10970

Due to Chronic Myocarditis 10970
Coronary Hypertrophy 10970

Other condition Chronic Emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy g3d

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 _____

23. Signature Geo C. Bayler (M. D. or other) MD
Address St. Genevieve Mo Date signed 2-15-43

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-188

Date Filed: 3-6-43

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 Le. C. Bashir

Licensed Embalmer No. 1985

P. O. Address St. Genevieve, Mo.

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.