

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9614  
State File No. \_\_\_\_\_  
Registrar's No. 325

Registration District No. 1080

Primary Registration District No. 1080

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**706 So 10th St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **53 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **706 So 10th St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Samuel Joseph Friedberg**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **11th**  
year **1943** hour **7** minute **A.M.**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rosie**  
6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **May 25 1877**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 7, 1942** to **March 11, 1943**  
that I last saw him alive on **March 9, 1943**  
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **9** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death:  
**Hypertensive cardiovascular disease with arrhythmia fibrillation**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Salesman**

Other conditions (Include pregnancy within 3 months of death) **93d**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **Joseph Friedberg**  
13. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dora Friedberg**  
15. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant **Rosie Friedberg**  
(b) Address **706 So 10th St Joseph, Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-12-43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Bnai Yaakov Cemetary**  
18. (a) Signature of funeral director **FLEEMAN & SON, INC.**  
(b) Address **1946 Colhoan St**  
19. (a) **3-12-43** (Date received local registrar) (b) **Rose Heagy** (Registrar's signature)

23. Signature **W. H. ...** (M. D. or other) \_\_\_\_\_  
Address **620 7th** Date signed **3-11-43**

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

MOTHER FATHER

1255

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address... *St. Joseph, 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.**