

Registration District No.

1818

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community about 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 008
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 95
(d) Street No. 6249 Rosebury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

JOHN FRIEDMAN

3. (b) If veteran, name war

none

3. (c) Social Security No.

No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah F. Friedman 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 17 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 12 If less than one day 25 hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Realtor

11. Industry or business

12. Name Jacob Friedman

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Rose ?
(City, town, or county) (State or foreign country)

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Cardon

(b) Address White Baer Lake Minneapolis Minn.

17. (a) Burial (b) Date thereof May 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minneapolis, Minn

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) APR 30 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 29, year 43 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from June, 1942 to 4/29, 1943 that I last saw h.IM alive on 4/29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 21 hrs

Due to Hypertensive arteriosclerosis
Heart Disease

Due to 93

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? _____

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

23. Signature E. H. ... (M. D. or other) del

Address 622 ... Date signed 7/30/43

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

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..... *G. W. Wilkinon*

Licensed Embalmer No..... *3575*

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.