No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18840

Registrar's No. 4828

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
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. #24 Southmoor Drive
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ISABEL FRIEDMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lester Friedman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 70 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Adolph Jacobs
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jeanette Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Rosenheim
(b) Address #24 Southmoor Drive
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Herman Rendalp Inc
(b) Address 5216 Delmar Blvd.
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1947 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Oct. 23, 1946 to May 12, 1947 that I last saw her alive on May 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarction	3 wk.
Uremia	2 wk.
Due to Arteriosclerotic Heart disease	
Due to Hypertensive Cardiovascular disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Myocardial Infarcts, advanced arteriosclerosis, nephrosclerosis

PHYSICIAN
Underline the cause of 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 Llewellyn Gale, Jr. (M. D. or other) MD
Address 4500 Olive St. Date signed 5/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 John Ketter

Licensed Embalmer No. 3880

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.