S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1947
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Registration District No. 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 40502
Registrar's No. 2473

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 Days (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County 999
(c) City or town Los Angeles 4
(If outside city or town limits, write "RURAL")
(d) Street No. 705 North Breed St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME FRIEDMAN, Bennie
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife - -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 15 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
51	4	11	hr. min.

9. Birthplace Warsaw, Russia 6
(City, town, or county) (State or foreign country)
10. Usual occupation Baker
11. Industry or business
FATHER
12. Name Aaron Friedman
13. Birthplace Redum, Poland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Thelma - unknown
15. Birthplace Rodum, Poland 4
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH. Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo. Chevrah Kadisha Cem.
18. (a) Signature of funeral director Oxenhandler Fu. Dir.
(b) Address St. Louis, Mo. 5910 Enright
19. (a) 12-1-47 (Date received local registrar) (b) Cecile J. Stag MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1947 hour 12:40 minute A M.
21. I hereby certify that I attended the deceased from October 8, 1947, to November 26, 1947
that I last saw him alive on November 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death GASTRIC CARCINOMA	Unknown
Contributary cause: Generalized XXXX Metasteses	
Due to 46 b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No Autopsy performed	

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) NO
(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 0
23. Signature L. E. Stilwell (M. D. or other)
L. E. Stilwell, Clin. Dir
Address VAH Jefferson Brks. Mo. Date signed 11/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.