No. 2
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5-17-39

#81498

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2527

Primary Registration District No. 1003

Registrar's No. 603

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

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

(d) Street No. Rural Route (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

95 0 0 1

3. (a) PRINT FULL NAME WILLIAM FRIEDMAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Sophia Friedman

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

7. Birth date of deceased January (Month) 6 (Day) 1873 (Year)

8. AGE: Years 75 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace Ste. Genevieve Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Friedman
13. Birthplace Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant Edna Purl
(b) Address 6143 Bertha

17. (a) Burial (Burial, cremation, or removal) **(b)** Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ozora, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 20 1948 (Date received by local registrar) **(b)** J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th year 1948 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1/16/48, 19..., to January 19th, 1948 that I last saw him alive on January 19th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 days
Due to: Arteriosclerotic Heart Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 J. Lowry Brown M.D.
Address 1515 Lafayette 1/19/48 Date signed

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 Chas R. Cadwell

Licensed Embalmer No. 4077

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.