

No. 2
-1/47
5-17-39

FILED APR 7 1948

Registration District No. **318**

Primary Registration District No. **1003**

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..... **Missouri Baptist Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **1** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1324 Temple Place**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Ermance Kampe Friedlob**

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

7. Birth date of deceased..... **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 61br.min.

9. Birthplace..... **Alsace Lorraine**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Leopold Weill** ✓

13. Birthplace..... **Alsace Lorraine**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Alsace Lorraine**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Joseph S. Kampe**
 (b) Address..... **5745 Enright Ave.**

17. (a) **Burial** (b) Date thereof..... **3-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Sinai Cemetery**

18. (a) Signature of funeral director..... **Herman Randall**
 (b) Address..... **5216 Delmar Blvd.**

19. (a) **MAR 29 1948** (b) **J. J. Breuer**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**
 year **1948** hour **11** minute **27** P. M.

21. I hereby certify that I attended the deceased from **Feb 18** to **Mar 27** 19**48**
 that I last saw her alive on **Mar 27** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral thrombosis stroke**
 Duration.....
 Due to..... **83**
 Due to.....

Other conditions..... **Hypertension**
(Include pregnancy within months of death)

PHYSICIAN

Major findings: Of operations.....
 Of autopsy.....

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..... **H. F. Bergman** (M. D. or other) **MD**
 Address..... **3220 Washington** Date signed..... **3/29/48**

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.