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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31007
8123

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hosp/ D (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: 42 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: out of city

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No.: 5750 Vernon (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: CHARLES FRIEDMAN

3. (b) If veteran, name war: No.

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Aug. (Month) 2 (Day) 1906 (Year)

8. AGE: Years 42 Months 1 Days 9 If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Auto

MOTHER FATHER

12. Name: Jos. Friedman

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

14. Maiden name: Rose Frachtman

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

16. (a) Informant: Mrs. I. Abrams

(b) Address: 5750 Vernon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Berger Memorial

(b) Address: 4715 McPherson

19. (a) SEP 13 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1948 hour 3 minute 35 P M.

21. I hereby certify that I attended the deceased from July, 1947, to Sept 11, 1948; that I last saw him alive on Sept 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma	6 mo
Due to: Carcinoma of sigmoid	18 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Carcinoma of sigmoid

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Jules H. Kopp (M. D. or other) MD

Address: 4500 Olive Date signed: 9/13/48

(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.....

Licensed Embalmer No.....4229.....

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.