

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

300
47
39
3906

FILED NOV 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis City Hospital**
 (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)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6041 Potomac**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Katherine Friedman**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **30th**
 year **1948** hour **7** minute **10 P** M.
21. I hereby certify that I attended the deceased from **10-28-48**
 _____, 19____ to _____, 19____;
 that I last saw her alive on **10-30-48**, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color of** **White**
6. (a) Single, widowed, married, **Divorced**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
 _____ alive _____ years
7. Birth date of deceased: **about 1858**
 (Month) (Day) (Year)

Immediate cause of death
Carcinoma of the colon.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: **Same**
 Of operations: _____
 Of autopsy: **Same**

8. AGE: Years **about 90-** Months _____ Days _____ If less than one day
 hr. _____ min. _____
9. Birthplace: **Indiana** (City, town, or county) (State or foreign country)
10. Usual occupation: **Housewife**
11. Industry or business: _____
12. Name: **Henry Becht**
13. Birthplace: **Germany** (City, town, or county) (State or foreign country)
14. Maiden name: **widow**
15. Birthplace: **Germany** (City, town, or county) (State or foreign country)

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)

16. (a) Informant: **James M. Friedman**
(b) Address: **6041 Potomac**
17. (a) Burial (b) Date thereof: **Nov 1 - 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **New St. Marcus**
18. (a) Signature of funeral director: **Franklin S. Fox**
(b) Address: **2906 Francis St.**
19. (a) NOV 1 (b) **J. B. Lassalle**
 (Date received local registration) (Registrar's signature)

23. Signature: **E. H. Cason, M.D.**
Address: **1515 Lafayette Avenue** **Date signed:** **10-30-48**

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 Les J. Budde

Licensed Embalmer No. 3989

P. O. Address. St Louis Mo

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.