S. No. 300
v. 10.48

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32382
State File No.

46
22

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2109

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 67 Aberdeen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
d. STREET ADDRESS (If rural, give location) 67 Aberdeen

3. NAME OF DECEASED (Type or Print)
a. (First) DAVID
b. (Middle) S.
c. (Last) FRIEDMAN

4. DATE OF DEATH (Month) (Day) (Year) SEPT- 2 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Brokerage
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clemens Friedman
13b. MOTHER'S MAIDEN NAME Dena Stillman
14. NAME OF HUSBAND OR WIFE Norman L. Friedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. S. Friedman-67 Aberdeen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.1
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. *19*31*, to* Sept 3 *, 19*49*, that I last saw the deceased alive on _____, 19____, and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alfred Feldman (Degree or title)
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED Sept 3/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/4/49
24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol
24d. LOCATION (City, town, or county) (State) Cem.-St. Louis, Mo.

DATE REC'D BY LOCAL REG. 9-6-49
REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc. ADDRESS 5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

C-46

OCT 28 1949

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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 ..... Student Embalmer No. .....,

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

Signed .....
Student Embalmer

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.