FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20033

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5274

1. PLACE OF DEATH
a. COUNTY: [illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS.
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): 4400 San Francisco

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4400 San Francisco

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

4. DATE OF DEATH (Month) JUNE (Day) 17 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE,14,1927
9. AGE (In years last birthday): 28 — 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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST LOUIS MISSOURI.,
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: NATHAN FRIEDMAN
13b. MOTHER'S MAIDEN NAME: ISABEL CRANGLE
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR #2
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Nathan Friedman **ADDRESS:** 4400 San Francisco Ave.

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) Suffocation by hanging; when deceased ~~was found with rope around his neck~~ in bath-room of home; rope being

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) ~~fastened to door-knob and strung~~ up over top of door; on June 17,1955

DUE TO (c) exact time unknown; SUICIDE

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* WHILE SUFFERING FROM TEMPORARY ABERRATION.

INTERVAL BETWEEN ONSET AND DEATH:

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ST LOUIS MISSOURI
21d. TIME OF INJURY (Month) June (Day) 17 (Year) 55 (Hour) ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E974 X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 2:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] Deputy (Title or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 6/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JUNE,20,55
24c. NAME OF CEMETERY OR CREMATORY: JEFFERSON BRKS, NATIONAL
24d. LOCATION (City, town, or county) (State): JEFFERSON BRKS MISSOURI

DATE REC'D BY LOCAL REG.: JUN 18 1955
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE S.P. **ADDRESS:** Stroot-Carroll 4600 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 48

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.