

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28030

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. K.C. Gen. Hosp.)

File No. 5737  
Registered No. 5737  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ella Friedman

(a) Residence No. 1403 E 10<sup>th</sup> St. 2 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs.  mos.  ds. How long in U.S., if of foreign birth?  yrs.  mos.  ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-30 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 8-16, 1929 to 8-30, 1929

that I last saw her alive on 8-30, 1929 and that death occurred, on the date stated above, at 5:35 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2 1889

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 16 28

Carcinoma of Breast with metastases to Peritoneal cavity

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 50  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 47

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find + Autopsy

(Signed) G. E. Williams, M. D.

8-30-29 (Address) Dept K.C. Gen. Hosp.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hill 9/3 1929

20. UNDERTAKER ADDRESS

O. Mast 1415 East 15

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Wm. Steinhilber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Matilda Ryman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Debra Clark (Address) K.C. General Hosp.

15. FILED 9/3, 1929 M. M. Casper REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

235  
2  
10

OCT 24 1957.