

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17077

State File No.

Registrar's No.

4555

Registration District No. 791

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 1920 Wagner Pl  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 30 years, months or days (Specify whether)

3. (a) PRINT FULL NAME ESTHER-FRIEDMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Abraham Friedman 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 4 1897  
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business House work

12. Name Yitzchuk Golosko

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

14. Maiden name Sarah Sarah Mahler  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Abraham Friedman

(b) Address 1920 Wagner Pl

17. (a) Burial (b) Date thereof May 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church Kadasha

18. (a) Signature of funeral director Oxenhandler

(b) Address 4467 W Washington Blvd

19. (a) MAY 23 1940 (b) \_\_\_\_\_  
(Date received local registration) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1920 Wagner Pl  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 32 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22  
year 1940 hour 5:22 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombotic Myocardial Infarction  
self administered in hospital  
Due to home 1920 Wagner Place  
May 22 1940 exact time  
Due to unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 16

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 22 1940

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

1 In Home  
(Specify type of place) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address City of St Louis Date signed 5-27-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

*M. J. [Signature]*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. Z. Benhandler*

Licensed Embalmer No. *3669*

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, above space should be left blank.**