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

FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23256

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5701

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 12
(If outside city or town limits write "RURAL")
(d) Street No. 5035 Cates
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME Abraham Friedman 635

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

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

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

7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab. 63 Months Days If less than one day hr. min.

9. Birthplace Minsk (City, town, or county) Russia 7 (State or foreign country)

10. Usual occupation Shochet 7

11. Industry or business

FATHER
12. Name Moses Solomon Friedman 7
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Rebecca Kabakoff
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant M. Freedman
(b) Address 902 Aubert

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) JUL 5 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1940 hour 11 minute 45 p M.

21. I hereby certify that I attended the deceased from December, 1939, to July 4, 1940 that I last saw him alive on July 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis — Duration 3 days

Due to Bond obstruction

Due to Carcinoma of colon at splenic flexure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of colon (splenic flexure)

Of autopsy

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)
While at work? (e) Means of injury 1

23. Signature G. E. Lauenfeld (M. D. or other) MD
Address 4500 Olive Street Date signed 7/5/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.