

RECEIVED FEB 25 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

871

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 3 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 107  
(d) Street No. 4221 Warne Ave.  
(If rural, give location) ?  
(e) If foreign born, how long in U. S. A.? 51 yrs. years. 0

3. (a) PRINT FULL NAME Mary Friedland

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 Widow  
6. (b) Name of husband or wife Joseph Friedland 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 10 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 5 17 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Morris \_\_\_\_\_  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Baker  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Friedland  
(b) Address 8215 Glen Echo

17. (a) Burial (b) Date thereof 1-28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cemetery

18. (a) Signature of funeral director H. H. Hinds  
(b) Address 5216 Delmar Blvd.

19. (a) JAN 27 1941 (b) J. T. Bredbeck  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
year 1941 hour 4: minute 15 A. M.

21. I hereby certify that I attended the deceased from about ten years  
19\_\_\_\_ to 1941  
that I last saw her alive on Jan. 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis  
Due to Acute bladder disease  
no stones  
Due to operation 1 yr ago  
removed, then  
Other conditions chronic myocarditis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 932  
Of autopsy 935  
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? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Samuel Weyers (M. D. or other) \_\_\_\_\_  
Address Mo. Theater Bldg. Date signed 1-27-41

WRITE PLAINLY—USE 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 embalmed by me, or by.....

.....Registered Apprentice No.....

.....working under my personal supervision.

Signed.....

*C. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Belmar*

**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.**