

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36085**

Registration District No. **789**

Primary Registration District No. **115**

Registrar's No. **2282**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis W.C. City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6347 Pershing 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **University City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6347 Pershing**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11**  
year **1941** hour **8** minute **00** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
19 **24** to **Nov. 11**, 19 **41**  
that I last saw h. **IM** alive on **Nov. 11**, 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Broncho-pneumonia** **7 days**  
Due to **Meningitis, chronic** **2 years**  
Due to **Pyelo-nephritis** **2 y**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: **Shirley Sale** (M. D. or other) \_\_\_\_\_  
Address: **4500 Olive** Date signed: **11/14**

3. (a) PRINT FULL NAME **Robert Victor Friedman**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single/widowed, married, divorced **Married**

6. (b) Name of husband or wife **Florentine Friedman** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Sept 9 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 2 2** hr. min.

9. Birthplace **Elkhart Indiana 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Wholesale Merchant**

12. Name **Nathan Friedman**

13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Regina unknown**

15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Barbara Richman**

(b) Address **6347 Pershing**

17. (a) **Burial** (b) Date thereof **11-12-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Handberg**

(b) Address **5216 Delmar Blvd.**

19. (a) **NOV 12 1941** (b) **C. H. McDevian**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

707

JAN 17 1943

JAN 19 1943

**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 *Chas. W. Cooper*  
Licensed Embalmer No. *38130*  
P. O. Address *5216 Adma*

**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.**