

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10333**

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

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 6005 Bartmer
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yes (Specify whether
 In this community 39 yes years, months or days)

3. (a) PRINT FULL NAME Nathan Friedland
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 Dora Friedland (Goldman) **6. (c) Age of husband or wife if** 20 alive years
7. Birth date of deceased unknown
 (Month) (Day) (Year)

8. AGE: Years 77 Months — Days — If less than one day hr. — min. —

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

10. Usual occupation Tailor

11. Industry or business Mens

MOTHER FATHER
12. Name Pasie Friedland
13. Birthplace Russia
 (City, town, or county) (State or foreign country)
14. Maiden name Chasa ?
15. Birthplace Russia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Klaysman
(b) Address 6327 - Delmar

17. (a) Burial **(b) Date thereof** Nov 26 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shol Emeth

18. (a) Signature of funeral director Oxendanna Friedland
(b) Address 4469 Washington Blvd

19. (a) NOV 26 1946 **(b)** J. F. Beedeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dad
 (c) City or town St Louis 17
 (If outside city or town limits, write "RURAL") 59
 (d) Street No. 6005 Bartmer
 (If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Poland - Russian

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
 year 43 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 18, 1943, to Nov 25, 1943,
 that I last saw him alive on Nov 21, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion **Duration** 2 hrs

Due to —
 Due to —

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

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 Joseph Mapleton (M. D. or other) MD
Address 510 West 10th **Date signed** 11-25-43

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

B. Kenhardt

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, fact should be so stated above.