

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 42731FILED JAN 21 1949
Registration District No. 217Primary Registration District No. 3063Registrar's No. 3021

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8536 Wydown Avenue
 (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)

3: (a) PRINT
FULL NAMEMorris Friedman3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Rose Friedman 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
about 54 hr. min.9. Birthplace New York N Y
(City, town, or county) (State or foreign country)10. Usual occupation Textile Representative

11. Industry or business _____

12. Name Israel Friedman13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Rose Friedman(b) Address 7536 Wydown17. (a) Burial (b) Date thereof 1/2/49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Sinai Cemetary(a) Signature of funeral director Herman Rindskopf(b) Address 5216 Delmar Blvd19. (a) 1/2/49 (b) Handwritten Signature
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7536 Wydown Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1948 hour 11 minute 30 A. M.21. I hereby certify that I attended the deceased from
Oct 6, 1948, to December 31, 1948
that I last saw him alive on Dec 31, 1948;
and that death occurred on the date and hour stated above.Immediate cause of death
Hypertension, essential, malignant
Complicated by terminal cerebral
hemorrhage ? 2 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
Means of injury _____23. Signature Cupard Reishman (M. D. or other) MDAddress 462 N. Taylor Date signed 1/1/49

FEB 11 1949

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 John Ketter
Licensed Embalmer No. 3880

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.