

FILED JUL 29 1950

THE HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24775

6196

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis		812/8						
d. FULL NAME OF HOSPITAL OR INSTITUTION McMillan Hospital				d. STREET ADDRESS 730 North Sixth (If rural, give location) 8								
3. NAME OF DECEASED (Type or Print) a. (First) Sam		b. (Middle) _____		c. (Last) Friedberg		4. DATE OF DEATH (Month) (Day) (Year) July 18 1950						
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH ab. 1900		9. AGE (In years last birthday) ab 50	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		U				
13a. FATHER'S NAME Louis Friedberg			13b. MOTHER'S MAIDEN NAME Fannie Progar			14. NAME OF HUSBAND OR WIFE _____						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE Max Friedberg ADDRESS 730 N. 6th East St. Louis, Ill								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyloric obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal ulcer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH 1 mo. sev. yrs. 8-10 yrs. 1 wk.				
19a. DATE OF OPERATION 6/3/50		19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5741.0	
22. I hereby certify that I attended the deceased from July 12, 1950 , to July 18, 1950 , that I last saw the deceased alive on July 18, 1950 , and that death occurred at 7:15 a.m. , from the causes and on the date stated above.												
23a. SIGNATURE F. B. Salater (Degree or title) M.D.				23b. ADDRESS McMillan Hospital				23c. DATE SIGNED 7/18/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/19/50		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo						
DATE REC'D BY LOCAL REG. JUL 19 1950		REGISTRAR'S SIGNATURE J. B. Salater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERGER MEMORIAL 4715 McPherson						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Lewis R Ludwig

Signed.....
Student Embalmer

Licensed Embalmer No. 4229

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.