

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41766**

BIRTH NO. _____		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 4469		Registrar's No. 870	
1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, write RURAL and give township) STE. GENEVIEVE		c. LENGTH OF STAY (In this place) NONE		c. CITY (If outside corporate limits, write RURAL and give township) STE. GENEVIEVE		0951 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 SERAPHIN ST				d. STREET ADDRESS (If rural, give location) 302 SERAPHIN ST			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ANDREW		c. (Last) FRIEDMAN		4. DATE OF DEATH (Month) (Day) (Year) NOV 21 1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 21 1896	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) STE. GENEVIEVE CO. MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LAWRENCE FRIEDMAN		13b. MOTHER'S MAIDEN NAME LOUISE MESSENGER		14. NAME OF HUSBAND OR WIFE CATHERINE BRAUN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Catherine Friedman Ste. Genevieve Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHITIS				20715	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		20. AUTOPSY? 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1930 , to NOV 21 , 1953, that I last saw the deceased alive on NOV 21 , 1953, and that death occurred at 3:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arthur E. Stuever M.D.				23b. ADDRESS Ste. Genevieve Mo		23c. DATE SIGNED 11-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE NOV 24 1953		24c. NAME OF CEMETERY OR CREMATORY VALLEY SPRING		24d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO	
DATE REC'D BY LOCAL REG. Nov. 25, 1953		REGISTRAR'S SIGNATURE Luella Basler		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Basler Ste. Genevieve Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15

NOV 30 1959

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Adrian J. Ethler

Licensed Embalmer No. 4740

P. O. Address St. Josephine

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.