XC-3859 773
Reg. #3338 SL #2694

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42380

BIRTH NO. FILED DEC 30 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10876

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand, St.Louis, Mo.
c. LENGTH OF STAY (in this place) 87 days
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN University City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 1252 Grant Drive

2239 0

3. NAME OF DECEASED (Type or Print)
a. (First) MARTEL
b. (Middle)
c. (Last) FRIRMAN
ALSO KNOWN AS (MAX FRIEDMAN)

4. DATE OF DEATH (Month) (Day) (Year) November 29, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/15/88
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garment Worker
10b. KIND OF BUSINESS OR INDUSTRY Manf.
11. BIRTHPLACE (City and State or Foreign Country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Manuel Friedman
13b. MOTHER'S MAIDEN NAME Clara
14. NAME OF HUSBAND OR WIFE Ann Friedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 488-10-1179
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO. ADDRESS

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) GENERALIZED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 [ ] NO [X]

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/3, *19* 54, *to* 11/29, *19* 54 *that I last saw the deceased alive on* [illegible], *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE George E. Maha
GEORGE E. MAHA
(Degree or title) M.D.
23b. ADDRESS VAH, 915 N.Grand, St.Louis, Mo.
23c. DATE SIGNED 11/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.
24b. DATE 11/30/54
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. NOV 29 1954
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 471 5 McPherson ADDRESS
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis A. Gunding

Licensed Embalmer No. 4EE

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.