

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

✓ 33950

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 4003
City St. Louis, Mo. (No. French Hospital)

File No. _____
Registered No. 9295
St. _____ Ward _____

2. FULL NAME

Anna Freedman
(a) Residence No. 1340 Clare Ave. St. 6 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Ex. 21-30
Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Freedman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>about</u>	<u>73</u>	<u>-</u>	<u>-</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) Oct. 9-31 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

13. NAME Abraham Silverstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Sam Freedman
(ADDRESS) 5720 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Radio DATE Oct. 19-1932

19. UNDERTAKER Overland Park Burial Parlor
(ADDRESS) 4468 Washington Blvd.

20. FILED OCT 19 1932 Max C. Standley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1932, to 10-19, 1932

I last saw h ed. alive on 9:07 PM - 10-19, 1932 Death is said to have occurred on the date stated above, at 9:07 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis - uremia
Diabetes - com.
Pulmonary edema
Diabetes Mellitus

Other contributory causes of importance: 59 (D)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Carol J. Cifot M. D.
(Address) French Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

