9 N 0012

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

Do not use this space.
27971

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Lutheran Hosp. St. ..... Ward)

File No. ..... Registered No. 7032

2. FULL NAME Solomon Maurice Freeman

(a) Residence, No. 2037 Russell Blvd St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilda Kaufman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	0	8	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Morris Freeman

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

MOTHER

15. MAIDEN NAME Bessie Swartsky

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

17. INFORMANT Hilda Freeman
(ADDRESS) 2037 Russell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Sinai DATE 8/15 1933

19. UNDERTAKER Mayer
(ADDRESS) 4356 Lindell

20. FILED AUG 14 1933 19 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Aug 13, 1933

I last saw him alive on Aug 13, 1933. Death is said to have occurred on the date stated above, at 4 a.m.

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

	Date of onset
1 Pulmonary Embolism	8/13/33
12/13 Ruptured appendicitis	
12/9	
11/30	

21 a

Other contributory causes of importance:
Pos. Toxicity
Acute appendicitis

Name of operation Appendectomy Date of 8/11/33

What test confirmed diagnosis? Physical & Lab consultation 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) J. E. Jones M. D.
(Address) 3000 So. Broadway

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD