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.

MAR 10 1936

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

Do not use this space.

12394

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Jewish Hosp St. ..... Ward)

File No. 2355

Registered No. .....

2. FULL NAME Ida Freistater

(a) Residence, No. 1373a Shawmut St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isadore Freistater

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

7. AGE: YEARS ab 64 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Volhynia USSR

FATHER

13. NAME: Oscar David Edelstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): USSR

MOTHER

15. MAIDEN NAME: Hannah (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): USSR

17. INFORMANT (ADDRESS): I Freistater NSB 1373a Shawmut

18. BURIAL, CREMATION, OR REMOVAL: Chased-Shel-Emeth DATE 3/3 1936

19. UNDERTAKER (ADDRESS): H. B. Berger 4715 McPherson

20. FILED MAR 3 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from —, 1934, to March 2, 1936

I last saw her alive on March 2, 1936. Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
Chronic Nephritis	20 yrs
Uraemia, chr.	mos.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clin. & Lab. 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? No

If so, specify

(Signed) Arthur E. Strauss, M. D.

(Address) 607 N. Grand Ave.