

AN 18 1939

56 FEB 7 1939

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

3766
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 106 Registered No. 104
 (c) City Clayton (d) Street No. St. Louis County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Freedman
 (a) Residence, No. 336 A Central St. Clayton, MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ann Freedman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1884

7. AGE YEARS 54 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Plumber
 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) New York

MOTHER FATHER
 13. NAME Henry Freedman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna
 15. MAIDEN NAME Josephine Friedler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

17. INFORMANT (ADDRESS) Ann Freedman

18. ~~SURVIVAL~~ CREMATION, OR REMOVAL PLACE Valhalla DATE 1-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H. Kopp
1st Wood West

20. FILED JAN 18 1939 I. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 18 - 1939

22. I HEREBY CERTIFY That I attended deceased from JANUARY 15, 1939, to January 18, 1939
 I last saw h. Ann. alive on January 18, 1939. Death is said to have occurred on the date stated above, at 12:45 P.
 The principal cause of death and related causes of importance were as follows:
Ruptured Peptic ulcer
Peritonitis
 Date of onset Jan 15, '39

Other contributory causes of importance: _____

Name of operation Closure Peptic ulcer Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Donald R. Roberts M. D.
 (Address) County Hospital Clayton

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John M Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Hickwood Ill*

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, above space should be left blank.