No. 2
1-10-39
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33603

NOV 16 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8300

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town University City NR
(If outside city or town limits write "RURAL")
(d) Street No. 733 Limit
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 62 years.

3. (a) PRINT FULL NAME MRS. LENA FRY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mandel Fry

6. (c) Age of husband or wife if alive abt 75 years

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years ab. 80 | Months | Days | If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) Russia (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name Mordecai Greenspoon
13. Birthplace (City, town, or county) Russia (State or foreign country)
14. Maiden name Sarah Diha unk
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant I. Fry
(b) Address 460 Edgewood

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H B Bergen
(b) Address 4715 McPherson

19. (a) OCT 5 1940 (Date received local registrar) J. B Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1940 hour 9 a.m. minute M.

21. I hereby certify that I attended the deceased from Sept 20, 1940, to Oct 2, 1940; that I last saw her alive on Oct 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to (Hypertension / Arteriosclerosis / Chr. myocarditis)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. C. Freiman (M. D. or other)
Address 6233 Delmar Date signed 10/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1547

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.