. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37441

Registration District No. 791 1 Primary Registration District No. 1003 Registrar's No. 9714

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 5
(If outside city or town limits write "RURAL")
(d) Street No. 5877 Bartmer
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 34 years.

3. (a) PRINT FULL NAME Fannie Green

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 Joseph Green 6. (c) Age of husband or wife if alive (unk) years

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

8. AGE: Years ab. 65 Months Days If less than one day hr. min.

9. Birthplace Kaunas Lithuania (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation at home 7

11. Industry or business 7

FATHER
12. Name Nathan Benzion Frisch
13. Birthplace Kaunas (City, town, or county) Lithuania (State or foreign country)

MOTHER
14. Maiden name Rachel (unk)
15. Birthplace Kaunas (City, town, or county) Lithuania (State or foreign country)

16. (a) Informant Joe Green
(b) Address 5877 Bartmer

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

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

19. (a) NOV 27 1940 (Date received local registrar) (b) J. B. Baddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1940 hour noon minute 12 noon M.

21. I hereby certify that I attended the deceased from Jan 1928, 19 to Nov 1940, 19; that I last saw her alive on Nov 26, 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Coronary artery disease

Due to Arteriosclerotic cardiovascular disease

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 L M Kotner (M. D. or other)
Address Jewish Hosp. St Louis Date signed 11/26/40

(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 .....

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

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1597

P. O. Address St. Louis Mo.

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

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