

No. 2
4-13-40
1-17-39
I X23159

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Philip Freedman
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Gertrude Freedman
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased Dec. 10, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 8 _____ hr. _____ min.

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Delicatessen

MOTHER FATHER { 12. Name Levi Freedman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Hnoch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant M. J. McPherson
(b) Address 4715 McPherson

17. (a) burial (b) Date thereof 6/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona

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

19. (a) JUN 19 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Bunker Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
Citizen
(e) If foreign born, how long in U. S. A.? 60 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1941 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 15th, 1941 to June 18, 1941;
that I last saw him alive on June 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
post-operative shock 4 hours

Due to amputation of leg

Due to Diabetic gangrene of leg
Other conditions (Include pregnancy within 3 months of death) 10

Major findings: gangrene & cellulitis of Rt. foot
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 5 MD
23. Signature J. S. Trauefeld (M. D. or other)
Address Doctor Bldg Date signed 6/18/41

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.....

.....
working under my personal supervision.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

1597

St. Louis

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, fact should be so stated above.