

FILED DEC 11 1942

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **10035**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....
5857a Page
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 5857 a Page
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 50 years

3. (a) PRINT FULL NAME Sophie Friedman

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1942 hour 9 minute 20 P.M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife..... Jacob Friedman

6. (c) Age of husband or wife if alive..... no years

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

21. I hereby certify that I attended the deceased from.....
Aug. 1938 to Nov. 30 1942;
that I last saw her alive on Nov. 30 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Coronary Occlusion

Due to..... Coronary Artery Sclerosis

Due to..... General Arteriosclerosis
Arterial Hypertension

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

1/2 hour

4 years

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
Abt-67 hr. min.

9. Birthplace..... Chernigow U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Joseph Simpkins

13. Birthplace..... U.S.S.R. 6
(City, town, or county) (State or foreign country)

14. Maiden name..... nee Hannah Bella Simpkins

15. Birthplace..... U.S.S.R. 6
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Ella Simpkins

(b) Address..... 5857 a Page Ave.

17. (a) burial (b) Date thereof..... 12/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Beth Ham Hag.

18. (a) Signature of funeral director..... Berger Memorial

(b) Address..... 4715 c Bergherson Ave.

19. (a) DEC 2 1942 (b) J. J. Bredich
(Date received local registrar) (Registrar's signature)

Major findings:
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.....

23. Signature..... Harold Luggitt (M. D. or other) MD
Address..... 3720 Washington Date signed..... 12/1/42

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

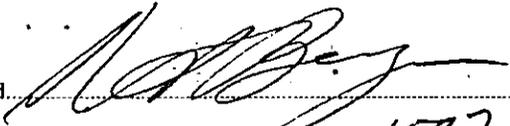
3720 WASHINGTON

FATHER {
MOTHER {

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.....

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.