

FILED FEB 18 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1309

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:
5568 Pershing
(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 **Frank Litman**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife..... **Esther Litman** 6. (c) Age of husband or wife if alive..... **53** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 56 hr. min.

9. Birthplace..... **Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

11. Industry or business **Womens Wear**

12. Name **unknown**

13. Birthplace..... **Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace..... **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Litman**

(b) Address **5568 Pershing**

17. (a) **Burial** (b) Date thereon **2-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herbert R. ...**
(b) Address **5216 Delmar Blvd.**

19. (a) **FEB 9 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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. **5568 Pershing**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8**
year **1943** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **9:15** to **9:16**, 19**43**,
that I last saw him alive on **9/8**, 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute pulmonary Edema**
due to **ret. Sel. H. Disease**

Other conditions (Include pregnancy within 3 months of death)

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 **Arthur E. Strand** (M. D. or other)
Address **539 N. Grand** Date signed **2/12/43**

Duration

4 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
42
30
32873

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.....

Chas. W. Cooper

Licensed Embalmer No.

3830

P. O. Address.....

5-2-16 All

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.