

FILED JUL 3 1943

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 5743

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7246 Pershing
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elias Freedman

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-03-2613

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Freedman

6. (c) Age of husband or wife if alive 64 years

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

8. AGE:	Years	Months	Days	If less than one day
<u>about</u>	<u>68</u>	<u>--</u>	<u>--</u>	_____ hr. _____ min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Hat Mfg. Vice Pres.

11. Industry or business Caradine Hat Co.

12. Name unknown

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Freedman

(b) Address 7246 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-1943
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Hermon Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) JUN 23 1943 (Date received local registrar)

J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1943 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from June 16, 1943 to June 22, 1943, that I last saw him alive on June 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to toxaemia of sigmoid

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6

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 Scheff (M. D. or other)

Address 607 N. Grand Date signed 6/22/43

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

9/6
30
N.A. 5

PHYSICIAN
Underline the cause to which death should be charged statistically.

MAR 10 1944

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. 38130
P. O. Address 5216 Delma

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.