

ED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5333

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

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

(d) Length of stay: In hospital or institution..... 19 yrs (Specify whether years, months or days)

In this community..... 19 yrs

3. (a) PRINT FULL NAME..... Rev. Edward Fried

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..... Gizella Fried

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

7. Birth date of deceased..... September — 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
ab.	70	9	—	hr. min.

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

10. Usual occupation..... Cantor

11. Industry or business.....

MOTHER FATHER

12. Name..... Isaac Fried

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

14. Maiden name..... Libbie Weber

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

16. (a) Informant..... Mrs. Gizella Fried

(b) Address..... 1479a Blackstone

17. (a) burial (Burial, cremation, or removal) (b) Date thereof..... 6/11/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Hevre Kedisha

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

(b) Address..... 4715 McPherson

19. (a) JUN 11 1943 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No..... 1479a Blackstone
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)

If yes, name country..... a

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 10
year..... 1943 hour..... 2 minute..... 30 M.

21. I hereby certify that I attended the deceased from..... June 6 1943 to..... June 10 1943;
that I last saw h. i. m. alive on..... June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute fulm. oedema

Due to..... Ceromany occlusion

Due to.....

Other conditions (Include pregnancy within 3 months of death)..... 9/4

Major findings: Of operations.....

Of autopsy.....

Duration

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... Joseph Friedberg (M. D. or other) 6/10/43
Address..... Jewish Hosp Date signed.....

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.