V. S. No. 2
00M—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19587

FILED JUL 8 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5934

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
(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 ____

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. 6249 Rosebury
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Sarah Fihn Friedman
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased not known (Month) (Day) (Year)

8. AGE: Years about 74 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business ____

FATHER
12. Name not known
13. Birthplace Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant A. H. Fihn
(b) Address 6249 Rosebury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director Herman Rudakoff
(b) Address 5216 Delmar
19. (a) JUN 28 1943 (Date received local registrar) (b) J. F. Friedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27--43
year ____ hour ____ minute 20 a.m.
21. I hereby certify that I attended the deceased from 3/3, 1943, to 6/26, 1943
that I last saw her alive on 6/26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Oesophagus	1½ yrs +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature Dr. E. Sloan (M. D. or other) Md
Address 622 Ernest Clark Date signed 6/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 5216 Delmar

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.