

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8665**

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.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**  
(c) City or town **Clayton** (If outside city or town limits, write "RURAL") **NR**  
(d) Street No. **6825 Clayton Ave.** (If rural, give location)  
(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Abraham Freedman**

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 **Anna Freedman** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Sept. 17 1877**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **--** Days **13** If less than one day hr. min.

9. Birthplace **London England 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Neckwear**

12. Name **Levy Freedman**

13. Birthplace **London England 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **London England 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Freedman**  
(b) Address **6425 Clayton Ave.**

17. (a) **Burial** (b) Date thereof **10-3-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B'nai Amoona Cemetery**

18. (a) Signature of funeral director **H. Rindorf**  
(b) Address **5216 Delmar Blvd.**

19. (a) **SEP 30 1943** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from **1940** to **9/30**, 19 **43**  
that I last saw him alive on **9/30**, 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema** Duration **Hours**

Due to **hypertensive, arterio-sclerotic heart disease** **3 yrs +**

Due to **Diabetes mellitus** **3 yrs +**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61** Of autopsy.....  
PHYSICIAN

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 **[Signature]** (M. D. or other) Address **4500 Olive (8)** Date signed **9/30/43**

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

MOTHER FATHER

*Faint handwritten notes, possibly including a name and date.*

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**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.....

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.**