

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED MAY 9 1944 18

Registration District No. Primary Registration District No. 1003

Registrar's No. 3898

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

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:
100 No Broadway
(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)

3. (a) PRINT FULL NAME Fred Kahn

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

7. Birth date of deceased abt 1884
(Month) (Day) (Year)

8. AGE: Years abt 60 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

12. Name retired

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

14. Maiden name retired

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

16. (a) Informant James J. Fitzgibbon

(b) Address 11300 Clark St

17. Anatomical Dept Date thereof 4-5-44
(Burial, cremation, or removal) _____ (City or town) _____ (County) _____ (State) _____ (Year)

(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director W. R. Risher

(b) Address 3500 Ridgely

19. (a) APR 27 1944 (b) J. F. Braddock
(Date of recording) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 100 No Broadway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6th
year 1944 hour 9 minute 02 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
bilateral

Due to _____

Due to _____

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 Alfred J. Evans (M.D. or other)

Address Ridgely Date signed 4/5/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.