

FILED SEP 14 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7768**

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:
5394 Pershing Ave,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community abt 34 years
years, months or days)

3. (a) PRINT FULL NAME Sophia Rosenbaum Fried

3. (b) If veteran, name war ***** 3. (c) Social Security No. none

4. Sex Female / 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leopold Fried 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 14 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 0 21 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Rosenbaum
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julius Lehman

(b) Address 5394 Pershing Ave

17. (a) removal (b) Date thereof 9/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) SEP 15 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5394 Pershing Ave 9
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1945 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1915
_____ 19 _____ to Sept 4 _____ 1945;
that I last saw h. af alive on Sept 4 _____ 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho pneumonia - 2 days

Due to _____

Due to _____

Other conditions Chronic Myocarditis 10 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 Dr. Maurice G. Frankenthal (Other)
Address Water Rd 4500 Olive Date signed 9/4/45

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

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..... *Robert G. Happe*

Licensed Embalmer No..... *2971*

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.