

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 50 yrs
years, months or days)

3. (a) PRINT FULL NAME JEANNETTE FRIEDMAN
3. (b) If veteran, name war No **3. (c) Social Security** No. No

4. Sex female **5. Color or race** white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Joe Friedman **6. (c) Age of husband or wife if alive** (unk) years
7. Birth date of deceased (unknown)
(Month) (Day) (Year)

8. AGE: Years ab. 50 Months _____ Days _____ If less than one day, hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Aaron Epstein
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Bertha (unk)
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Friedman
(b) Address Claridge Hotel

17. (a) Removal Removal **(b) Date thereof** 1/29/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Los Angeles, Calif.

18. (a) Signature of funeral director Berger Memorial
(b) Address 715 McPherson Avenue

19. (a) JAN 29 1947 **(Date received local registrar)** J. F. Bradeck **(Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County one
(c) City or town St. Louis 25117
(If outside city or town limits, write "RURAL")
(d) Street No. Claridge Hotel - 1800 Locust
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1947 hour 7 minute 55a.m.
21. I hereby certify that I attended the deceased from April
1949, 19to Jan 28, 1947
that I last saw her alive on Jan 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia Duration 1-3 days
Due to Mitral Stenosis and
hypertension 5448
Due to _____

Other conditions (Include pregnancy within 3 months of death) 97
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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Arthur E. Strick (M. D. or other) M.P.
Address 539 N. Grand Date signed 1/29/47

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

David R. Ludwig

Licensed Embalmer No.

4229

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.