

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14330

State File No. \_\_\_\_\_  
Registrar's No. 3450

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> ✓		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1956 Burd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frieda</u> b. (Middle) c. (Last) <u>Ziskind</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 17, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>unk</u>		9. AGE (In years last birthday) <u>ab60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or as retired) <u>housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS/OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			

13a. FATHER'S NAME <u>Meyer Bearman</u>		13b. MOTHER'S MAIDEN NAME <u>Unk</u>		14. NAME OF HUSBAND OR WIFE <u>Max</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max Ziskind 1956 Burd</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Regenerative arteriosclerotic heart disease</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>  <u>4 years.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 16, 1949, to April 17, 1949, that I last saw the deceased alive on April 16, 1949, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herman M. Ueffer M.D.</u>		23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>4/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cheses Shel Emeth</u>	
				24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 18 1949</u> <u>J. B. Sabater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Peuro A. Rudwig*

Signed \_\_\_\_\_  
Student Embalmer

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.