

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028321

FILED VS. JUL 18 1960

318

Primary Registration District No. 1003

Registrar's No. 6102

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>5 mos</i>	c. CITY OR TOWN <i>Clayton (5) 4462</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>6419 Alamo</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>First JOSEPH Middle FREMDER Last</i>			4. DATE OF DEATH Month Day Year <i>6-14-1960</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-2-1881</i>	9. AGE (last birthday) <i>79</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor (retired)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Tailoring</i>	11. BIRTHPLACE (City and state or country) <i>Austria</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Yuda Leib Fremder</i>		13b. MOTHER'S MAIDEN NAME <i>(unknown)</i>		14. NAME OF HUSBAND OR WIFE <i>Sarah Fremder</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give No or dates of service) <i>(unk)</i>	17. INFORMANT Address <i>Mrs. Fred Feigenblatt 720 Cherry Tree Ln</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Rectum & metastases</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		
		<i>154X</i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Cardiovascular Disease</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year <i>Hour a.m. p.m.</i>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <i>May 6, 1960</i> to <i>June 14, 1960</i> and last saw him alive on <i>June 14, 1960</i> . Death occurred at <i>11:30 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Garn Birnbaum, M.D.</i>			22b. ADDRESS <i>462 N. Taylor</i>		22c. DATE SIGNED <i>6/14/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>6-15-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Beth Hamedrosh Hagodol</i>		23d. LOCATION (City, town, or county) (State) <i>Ladue, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Berger Memorial 4715 McPherson</i>			25. DATE RECD. BY LOCAL REG. <i>JUN 15 1960</i>	26. REGISTRAR'S SIGNATURE <i>Leard Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

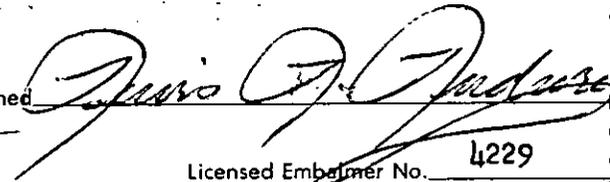
BY AFFIDAVIT OF

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.

Student _____
Signature of Student Embalmer

Signed


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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.