

Registration District No. **791**

Primary Registration District No. **1003**

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 _____
(Specify whether
In this community 1 week
years, months or days)

3. (a) PRINT FULL NAME Fannie Freund **653**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Fred S. Freund 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Michael Wurzel

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

14. Maiden name Helen Weil

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

16. (a) Informant Arthur J. Freund

(b) Address 6235 Washington Ave.

17. (a) Burial (b) Date thereof 7-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindke

(b) Address 5216 Delmar Blvd.

19. (a) Jul 14 1940 (b) J. F. Bredek
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. #5 Arundel Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1940 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 10
1940 to July 13 1940
that I last saw her alive on July 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute peritonitis

Due to Preparation sigmoid cancer

Due to _____
Other conditions Hypertension
(Include pregnancy within 8 months of death)

Major findings: Peritonitis
Of operations Intestinal perforation
Of autopsy Same

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 Kenneth Salk (M. D. or other)
Address 4500 Olive Date signed 7/14/40

Duration 36 hrs
years
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Charles W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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, above space should be left blank.