. S. No. 2
00M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19566

FILED JUL 13 1943 318

Registration District No. ..... Primary Registration District No. 1003

State File No. .....

Registrar's No. 6112

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: Jewish HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether In this community 30 years, months or days) 30 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County .000 125

(c) City or town ST-LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 5551 Cabanne (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Fishman, Freida

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of ~~husband~~ or wife Late HYMAN FISHMAN

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 54			..... hr. ..... min.

9. Birthplace ..... (City, town, or county) RUSSIA 6 (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEWIFE

FATHER
12. Name ENOCH COHEN
13. Birthplace ..... (City, town, or county) RUSSIA 6 (State or foreign country)

MOTHER
14. Maiden name CHIA RIPINOSKY
15. Birthplace ..... (City, town, or county) RUSSIA 6 (State or foreign country)

16. (a) Informant Jacob L. Cohen

(b) Address 740 HEMAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Oberhandler

(b) Address 4469 Washington

19. (a) JUL 6 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1943 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 2, 1943 to July 5, 1943 that I last saw her alive on July 5, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	2 days
Due to Adhesions	
Due to Previous operation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Gangrenous bowels due to adhesions - colonel	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Joseph Nirenberg (M. D. or other)

Address Jewish Hosp. Date signed July 5

(Licensed Embalmer's Statement on Reverse Side)

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 W. J. Glenhandler

Licensed Embalmer No. 2669

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.