

S. No. 2  
 DOM-2-43  
 5-17-39  
 X3567

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **39769**  
 Registrar's No. **11583**

FILED JAN 3 1944  
 Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**St. John's Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **54 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Louis Fadem**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **488-03-1732**

4. Sex **male**  
 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**  
 (b) Name of husband or wife **Lena Fadem**  
 (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **July 17 1873**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**70 5 5** hr. min.

9. Birthplace **Volhynia Russia 6**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Tailor**

11. Industry or business

12. Name **Zangwill Fadem**

13. Birthplace **Volhynia Russia 6**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Rosa (unk)**

15. Birthplace **Volhynia Russia 6**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Wyner**

(b) Address **760 Leland**

17. (a) **burial** (b) Date thereof **12/24/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**  
**4715 McPherson**

(b) Address **DEC 23 1943**  
**J. F. Brudick**  
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **96**  
 (c) City or town **Clayton** (If outside city or town limits, write "RURAL") **2**  
 (d) Street No. **6349 N. Rosebury** (If rural, give location) **3 NR.**  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22**  
 year **1943** hour **11** minute **50** A. M.

21. I hereby certify that I attended the deceased from **12-20**, 1943 to **12-22**, 1943  
 that I last saw ~~him~~ alive on **12-21**, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bowel obstruction**

Due to **Intestinal obstruction**  
**small bowel (obstructed)**

Other conditions **Common thrombus - atherosclerosis**  
 (Include pregnancy within months of death)

Major findings: **Small bowel obstruction**  
 Of operations **adhesions binding small bowel as above**  
 Of autopsy.....

Duration  
 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?

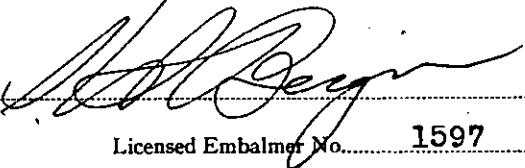
While at work? (Specify type of place) (e) Means of injury.....

23. Signature **J. F. Brudick** (M. D. or other) **MD.**  
 Address **6651 Emerald** Date signed **12-24-43**

**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 .....

Licensed Embalmer No. 1597.....

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:**