

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39625**

FILED DEC 6 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10290**

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

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 years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5875 1/2 Plymouth Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Fadem

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

4. Sex Maled 5. Color, or race white

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

6. (b) Name of husband or wife Rebecca Fadem 6. (c) Age of husband or wife if alive 70 years

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

8. AGE: Years Months Days If less than one day

About 74 1/2 -- -- -- hr. min.

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

10. Usual occupation Tailor

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Robert Fadem

(b) Address 5875 1/2 Plymouth

(c) Burial (d) Date thereof 11-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(e) Place: burial or cremation B'NAI Amoona Cemetery

18. Signature of funeral director Herman F. [unclear]

(b) Address 5216 Delmar Blvd.

19. (a) NOV 24 1947 (b) J. F. Bredeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from Jan '47
1947 to Nov 24 1947
that I last saw him alive on Nov 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hrs.

Due to Hypertension & Arteriosclerosis, Gen. yes

Due to _____

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(c) Means of injury _____

23. Signature Lawrence M. [unclear] (M. D. or other) _____

Address 508 N. Grand Date signed Nov 24 1947

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.....

Ronald Yehle

Licensed Embalmer No.....

3917

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10790

On this day of, 194....., before me appears.....

for Robert Fadens, who, upon oath, states that the original record of birth death
died 11-24, 1947
born in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 8 should read age about 71

Instead of " 74

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ernest B. Roth Funeral Dir.
Norman Rudo Kop Relationship.
5216 Delmar
Present Address.

Subscribed and sworn to before me this 30 day of Dec., 1947

My Commission expires 3-4-49
Ella C. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

39625