

FILED JUN 28 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5566**

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 Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
11 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5666 Cabanne**
5 (If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Johanna Frensdorf
Johanna Frensdorf

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1948** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____, 1940, to **June 19**, 1948.

that I last saw her alive on **June 19**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia - Uremia**

Due to: **Chronic Glomerulo-nephritis 1944**
Chronic Glomerulo Nephritis

Due to _____

Other conditions: _____
(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)
(e) Means of injury _____

23. Signature **Melvin B. Kristein** (M. D. or other) **MD**
Address **539 N. Grand** Date signed **6-20-48**

3. (a) PRINT FULL NAME

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

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

6. (b) Name of husband or wife **Julius** 6. (c) Age of husband or wife if alive **1891** years

7. Birth date of deceased: **Dec 12** (Month) (Day) (Year)

8. AGE: Years **56** Months **6** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **Gidern Hesse Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Joseph Kohn**

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

14. Maiden name **Sophie Poppenheimer**

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

16. (a) Informant **Dr. E. Fischer**
(b) Address **5666 Cabanne**

17. (a) **Burial** (b) Date thereof **6/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brith Shalom**

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

(b) Address **4715 McPherson**

19. (a) **JUN 21 1948** (Date received local registrar) **J. F. Bradeck** (Registrar's signature)

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

MOTHER, FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Lewis Ludwig

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 this body is not embalmed, fact should be so stated above.