FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24271
Registrar's No. 6805

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5813 Theodosia
(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: 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 600
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 11
(d) Street No.: 5813 Theodosia (If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM FIERMAN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mallie
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: ~~(unk)~~ April 18, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
~~ab. 58~~ 58	3	13	hr. min.

9. Birthplace: (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation: Tailor
11. Industry or business: Manufactoring
12. Name: Frank Fierman
13. Birthplace: (City, town, or county) Russia 6 (State or foreign country)
14. Maiden name: Goldy (unk)
15. Birthplace: (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant: Mr. Frank Fierman
(b) Address: 1614 Semple
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth Berger Memorial
18. (a) Signature of funeral director: 4715 McPherson
(b) Address:
19. (a) AUG 2 - 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Nov, 47, 19, to July 31, 1948, that I last saw him alive on 24 July, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY ARTERY INSUFFICIENCY — (Duration)
Due to: CORONARY ARTERY HEART DISEASE — 4yrs+
Due to: HYPERTENSION — 4yrs+
Other conditions (Include pregnancy within 3 months of death): 94
Major findings: Of operations:
Of autopsy: None.

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: 0
23. Signature: Robert E. Koch (M. D. or other)
Address: 3720 Washington Date signed: 8-2-48

(Licensed Embalmer's Statement on Reverse Side)

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 Aurio F. Andrews

Licensed Embalmer No. 4229

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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

State of Missouri
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.
Local Registrar's No. 6805

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of Aug., 1948, before me appears Frank Freiman, who, upon his oath, states that the original record of ~~birth~~ death for Wm Freiman ~~born~~ died July 31, 1948, in the State of Missouri, and which was filed at St. Louis on Aug 1, 1948, should be corrected as follows:

Item No. 7 should read April 18, 1890
Instead of unk.

Item No. 8 should read 58 yrs 3 months, 13 day
Instead of ab 58

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

RECEIVED
AUG 11 1948
AT ST. LOUIS
BUREAU OF VITAL STATISTICS

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

(SEAL)

Affiant Frank Freiman Son
Relationship.

1614 Semple Ave.
Present Address.

Subscribed and sworn to before me this 10 day of August, 1948.

My Commission expires Aug. 17-1952 R. F. Berger Notary Public.

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

Form V. S. 135
10M-5-43
1 X36929

S-24271