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FILED DEC 2 1948 **318**
Registration District No.

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: Jewish Hospital **D**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In-hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3212 Cherokee Street
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3: (a) PRINT FULL NAME ABRAHAM FITTERMAN
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd
 year 1948 hour 9:15 minute A M.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rebecca Fitterman 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 7, 1948 to Nov 22, 1948
 that I last saw him alive on November 22, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 72 - - - - - hr. min.

Immediate cause of death Hypertensive + Arteriosclerotic Cardiovascular-renal disease
 Due to Pulmonary edema
Gremia
 Due to.....
 Other conditions None
 (Include pregnancy within 3 months of death)

9. Birthplace Poland
 (City, town, or county) (State or foreign country)
 10. Usual occupation Tailor

Major findings:
 Of operations PAI
 Of autopsy.....

11. Industry or business.....
 12. Name Harry Fitterman
 13. Birthplace Poland
 (City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Chan
 15. Birthplace Poland
 (City, town, or county) (State or foreign country)

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)

16. (a) Informant Mrs. A. Fitterman
 (b) Address 3212 Cherokee Street
 17. (a) Burial (b) Date thereof 11-24-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chesed Shel Emeth Cem.

23. Signature Lewis Littmann (M. D. or other) **MD**
 Address 8231 Clayton Rd Date signed 11/23/48

18. (a) Signature of funeral director Herman Rindskopf, Inc
5216 Delmar Blvd
 (b) Address.....
 19. (a) NOV 24 1948 (b) J. B. Leaster
 (Date received local registrar) (Registrar's signature)

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 _____

John Ketter

Licensed Embalmer No. 3880

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.