

CITY OF ST. PAUL, MINN.  
DEPARTMENT OF PUBLIC SAFETY—BUREAU OF HEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

2440-1

1. Place of Death, No. St Paul Hospital st. 9 Ward 7  
2. Full Name Frieda Hertz

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Oct. 22</u> 191 <u>6</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Sept 5</u> 18 <u>86</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY That I attended deceased from <u>Oct. 10</u> 191 <u>6</u> to <u>Oct. 22</u> 191 <u>6</u> that I last saw her alive on <u>Oct. 22</u> 191 <u>6</u> and that death occurred, on the date stated above, at <u>5:30</u> The CAUSE OF DEATH* was as follows: <u>Myocarditis</u> <u>199</u>	
7 AGE <u>60</u> yrs. <u>1</u> mo. <u>18</u> ds. or <u>mins</u>	8 OCCUPATION (a) Trade, Profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents). In district where death occurred <u>20</u> yrs. <u>0</u> mos. <u>0</u> ds. State <u>20</u> yrs. <u>0</u> mos. <u>0</u> ds. Where was disease contracted, if not at place of death? Former or usual residence	
9 BIRTHPLACE (State or Country) <u>Russia</u>			Contributory <u>Parenchymatous</u> <u>nephritis</u> (Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.	
10 Name of Father <u>Samuel Zneimer</u>			(Signed) <u>Wm. Shipper</u> M. D. <u>Oct 23 1916</u> (Address) <u>Long Beach</u>	
11 Birthplace of Father (State or Country) <u>Holland</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL; and (3) Where was injury sustained if not at place of death!	
12 Maiden Name of Mother <u>Not known</u>			19 PLACE OF BURIAL OR REMOVAL <u>Long Sons of Jacob Beer</u> DATE OF BURIAL <u>12 22</u> 191 <u>6</u>	
13 Birthplace of Mother (State or Country) <u>Russia</u>			20 UNDERTAKER <u>Jacob Koestrich</u> ADDRESS <u>St Paul</u>	
14 The above is true to the best of my knowledge. (Informant) <u>Simon Hertz</u> (Address) <u>270 E 13th St</u>			15 Filed <u>10-23-16</u> Burial Permit No. <u>19287</u>	

STATE OF MINNESOTA  
CITY OF SAINT PAUL

I hereby certify that the above is a true and correct copy of the record on file with the Vital Statistics Registry of Saint Paul Public Health, City of Saint Paul, Minnesota.

(Signed) Law S. Quinn, this 3rd day of May 1995  
Deputy Registrar, Vital Statistics

NOT VALID WITHOUT IMPRESSED SEAL

Alan: note the difference in birth dates on these record copies - Samuel Zneimer is buried next to AARON & SADIE in TEMPLE OF AARON