JUG 21 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23085

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 893

City St. Joseph, Mo. (No. 1812, Francis St. Ward)

2. FULL NAME Betsie Feltenstein

(a) Residence. No. 1812 Francis St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isarael Feltenstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15, 1852

7. AGE: Years 76 | Months 3 | Days ~~10~~ 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warsaw, Poland

PARENTS

10. NAME OF FATHER: Symon Singer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Warsaw, Poland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Warsaw, Poland

14. INFORMANT (Address): Mr. D. W. Feltenstein, 1812 Francis

15. FILED JUL 25 1928 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928 to July 24, 1928 that I last saw her alive on July 20, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Haemorrhage

82A

97 [illegible]

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Collie Ramsey, M. D.

7/25, 1928 (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shaare Sholem — DATE OF BURIAL: July 26, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.