

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

Do not use this space.

33707

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo.

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1105
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 721 South 9th St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Feinberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown about 1871</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Housewife</u>		<u>31</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Russia</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Russia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Russia</u>		
17. INFORMANT (ADDRESS) <u>Sam Feinberg St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shaare Shalom</u> DATE <u>Oct. 29, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Heeman's Funeral Home St. Joseph, Mo.</u>		
20. FILED <u>OCT 29 1931</u> <u>John K. Bender, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1920, to Sept 26, 1931. I last saw her alive on Sept 26, 1931. Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis and Coronary Insufficiency Date of onset 1925

Other contributory causes of importance:
Arteriosclerosis
Chronic Kidney Failure 1923
Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Frederick G. Brown, M. D.
(Address) 720 1/2 Harrison St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 28

Exec. 7202

7202

7202

7