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

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.

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

Do not use this space.

27777

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7605

City St. Louis (No. Jewish Hospt St. ..... Ward)

2. FULL NAME Mr. Sam Feigenbaum

(a) Residence, No. 5152 Kensington St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Leah Feigenbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS abt. 57 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

FATHER

13. NAME Sam Feigenbaum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Could not be ascertained

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) # # 31

17. INFORMANT (ADDRESS) Henry Feigenbaum 5152 Kensington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE Aug 21 1932

19. UNDERTAKER (ADDRESS) H. B. Berger 4715 McPherson Ave

20. FILED AUG 20 1932 Lay C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Aug 19, 1932

I last saw him alive on Aug 19, 1932. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Massive Collapse of Lungs (Post-operative)	Aug.
[illegible]	
[illegible]	
[illegible]	

Other contributory causes of importance:

Carcinoma of Esophagus	6 mos
Tumor of Rib	?

Name of operation Rib Resection Date of Aug 19

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) Carl J. Heifetz, M. D.

(Address) Jewish Hospital