

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

Do not use this space.

42117

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS MO (No.)

File No. 11242
Registered No. St. Ward)

2. FULL NAME BERNARD FELDMAN

(a) Residence, No. 4516 MCKINLEY ST., ST. LOUIS Ward 10
(Usual place of abode) (If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Feldman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1850

7. AGE YEARS 82 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Elizabeth Hepper (ADDRESS) 74516 McKinley Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pater & Paul DATE Dec. 20, 1932

19. UNDERTAKER James Smith (ADDRESS) 4223 Washington Ave

20. FILED DEC 29 1932 Max E. V. Barker Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-32

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to Dec 16, 1932

I last saw him alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Senile Dementia Date of onset

162 102

Other contributory causes of importance: Old age

Name of operation..... Date of.....

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

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. (1)

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Yes

(Signed) W. B. Bush M. D. (Address) 459 Metropolitan Bldg

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.

