

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

Do not use this space.

34153

OCT 11 1934

**1. PLACE OF DEATH**

County..... Registration District No. 1791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. Jewish Hospital)

File No. 8921  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2274 Gale St., 4 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 24 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? 24 yrs. 7 mos. 16 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 - 1910</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	IF LESS THAN 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bundle Wrapper</u>	11. Total time (years) spent in this occupation. <u>37 mo.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laundry</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1934</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	13. NAME <u>Harry Feinstein</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
FATHER	15. MAIDEN NAME <u>Dora Saminsky</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT (ADDRESS) <u>Adeline Feinstein</u> <u>2274 Gale</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel Hill</u> DATE <u>9-7</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Oxenhaupt Funeral Hs</u> <u>4469 Washington</u>		
20. FILED <u>EP</u> 19 <u>34</u> <u>J. Bredeck</u> Registrar.		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1934, to 9-5, 1934.  
I last saw him alive on 9/5, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
1) Lung abscess - Non T.B.  
2) Pneumothorax  
3) Peritonitis  
Lung abscess & Peritonitis  
Other contributory causes of importance  
Caused by a Streptococcus hemolyticus starting with a sore throat

Name of operation ..... Date of .....  
What test confirmed diagnosis? x ray 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? .....  
If so, specify .....  
(Signed) Harry Feinstein M.D.  
(Address) Jewish Hospital St. Louis

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

