

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

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 Registered No. 9999

1. PLACE OF DEATH **Nov 15 1937**

(a) County..... Registration District No. **1003**

(b) Township..... Primary Registration District No. **1**

(c) City **St. Louis** (d) Street No. **Jewish Hospital** St. **1**
 (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME **FANNY FELDMAN**

(a) Residence, No. **5918 a Horton** St. **5**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female**

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 **Joseph Feldman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 2, 1895**

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | 42 | 5 | 24 | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**

9. Industry or business in which work was done, as 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) **Kiev**
 (STATE OR COUNTRY) **U. S. S. R.**

FATHER

13. NAME **Jacob Bershen**

14. BIRTHPLACE (CITY OR TOWN) **U. S. S. R.**
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Bluma Novack**

16. BIRTHPLACE (CITY OR TOWN) **U. S. S. R.**
 (STATE OR COUNTRY)

17. INFORMANT **J. Feldman**
 (ADDRESS) **5918 a horton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Meth** DATE **10/28/37**

19. FUNERAL DIRECTOR (ADDRESS) **W. A. Berger**
4715 McPherson

20. **OCT 27 1937** Local Registrar. **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 26, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 13, 1937** to **Oct 26, 1937**

I last saw him alive on **Oct 26, 1937** Death is said to have occurred on the date stated above, at **4 p. m.**

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

Encephalitis Epileptic

Date of onset **10/11/37**

Other contributory causes of importance: **17**

Name of operation..... Date of.....
 What test confirmed diagnosis? **Chemical** 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.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **Pink Tubercle**, M. D.
 (Signed) **Pink Tubercle**
 (Address) **462 N Taylor**

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.

100-311
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STATEMENT BY LICENSED EMBALMER

I, Herbert J. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed H. J. Berger
Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)