

REC'D MAR 14 1938

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

5212

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **5600 Rosa** Registered No. **1857**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Morris Feinberg 516
(a) Residence, No. **5600 Rosa** St. **2**
(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 **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 **Dora Feinberg**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab. 70

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Saloon**
9. Industry or business in which work was done, as saw mill, bank, etc. **retired**
10. Date deceased last worked at this occupation (month and year) **12 yrs.** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kaunas Lithuania**

FATHER 13. NAME **Samuel Feinberg**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

MOTHER 15. MAIDEN NAME **Leah (unk)**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

17. INFORMANT (ADDRESS) **Mrs. M. Feinberg 5600 Rosa**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Sinai** DATE **2/23/1938**

19. FUNERAL DIRECTOR (ADDRESS) **H. B. Berger 715 McPherson**

20. FILE NO. **FEB 23 1938** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-22-1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 20**, 1938, to **Feb. 22**, 1938.

I last saw him alive on **Feb. 22**, 1938. Death is said to have occurred on the date stated above, at **1:50 a.m.**

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

Acute gastric Dilatation caused by gastric enteritis Date of onset **2-21-38**

Other contributory causes of importance:

Chronic myocarditis 2
Chronic Bronchial Asthma 2

Name of operation **none** Date of

What test confirmed diagnosis? **Cholesterol** 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) **Bernard Ploch**, M. D.

(Address) **3527 Osage, St. Louis, Mo.**

STATEMENT BY LICENSED EMBALMER

Herbert I. Berger

1597

I, _____, Licensed Embalmer No. _____

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 _____

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.)