

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 50 years
years, months or days)

3. (a) PRINT FULL NAME. Jake Feinberg

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lena Feinberg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 76 -- -- -- hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Used Furniture Dealer

12. Name Unknown

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Berg

(b) Address 700 Leland

17. (a) Burial (b) Date thereof 10-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Bero

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) Oct 27/40 (b) Date received local registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. McKinley Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26,
year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan 10
1935 to Oct 26, 1940
that I last saw him alive on Oct 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Atherosclerosis

Due to _____

Due to _____

Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death) Chr. Nephritis, Hypertension

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1 mo

23. Signature Samuel Wolff (M. D. or other) mo

Address 7906 N. Lincoln Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas W. Cauper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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

If this body is not embalmed, fact should be so stated above.