

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4753

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location) 5 days
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 617
(If outside city or town limit, write "RURAL")
(d) Street No. 1400 Burd (If rural, give location)
(e) If foreign born, how long in U. S. A.? 46 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 12 minute 55 A.M.
21. I hereby certify that I attended the deceased from June 1940, 19 to June 8, 1941, that I last saw him alive on June 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to sten arteries chronic
Due to Diabetes mellitus years
Other conditions (Include pregnancy within 3 months of death)

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 59
Of autopsy

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

23. Signature L. Kotter (M. D. or other)
Address Jewish Hosp. Date signed 6/8/41

3. (a) PRINT FULL NAME ROSE OR RACHEL FELDMAN

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Late Bernard Feldman
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 67 hr. min.

9. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

MOTHER FATHER { 12. Name Mosha Aaron Fine
13. Birthplace 6 Russia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Stein
(b) Address 1321a Temple

17. (a) Burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Odenhassler
(b) Address 4469 Washington

19. (a) JUN 8 1941 (b) L. F. Brudeck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Not Embalmed

Signed

W. J. Henderson

Licensed Embalmer No.

3669

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.