

FILED OCT 21 1942

Primary Registration District No. 1003

8348

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:
Jewish 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 60 Years
years, months or days)

3. (a) PRINT FULL NAME IDA FEINGOLD

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
 (b) Name of husband or wife Late Alex Feingold 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Abt. 88 Months _____ Days _____
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Ousher Shimel

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

14. Maiden name Rirka

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

16. (a) Informant Jacob Feingold

(b) Address 506 S. 4th St

17. (a) Burial (b) Date thereof 10-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Osherhandle

(b) Address 4469 Washington

19. (a) OCT 9 1942 (b) J. F. Bredsch
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 25
 (d) Street No. 506 S. 4th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
 year 1942 hour 11 minute 7.55 P.M.

21. I hereby certify that I attended the deceased from Aug 27 1942 to Oct 7 1942
 that I last saw her alive on Oct 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 6 weeks
 Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

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 0
 23. Signature Albert B. Taussey (M. D. or other) MD
 Address 4500 Olive St. St. Louis Date signed 10/8/42

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

MOTHER FATHER

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:

W. J. Christman

Signed..... *W. J. Christman*
Licensed Embalmer No..... *3609*
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, fact should be so stated above.