

S. No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31633
767

State File No.

Registrar's No.

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether
In this community 34 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 N. Shore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME BERNARD J. FEINBERG

3. (b) If veteran, name war None 3. (c) Social Security No. 2000

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 21, 1918
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| v | 25 | 4 | 23 | hr. min. |

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

10. Usual occupation Clerk and Pharmacist

11. Industry or business Drug Store

12. Name David Feinberg

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

14. Maiden name Dora Justman

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

16. (a) Informant Henry C. Belmont

(b) Address Chicago, Ill.

17. (a) Removal Sept. 14, 1943
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director [Signature]

(b) Address [Signature]

19. (a) 9-14-43 5 W. Hurdley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 12, 1943 to September 14, 1943
that I last saw him alive on September 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 4 days

Due to Poliomyelitis, anterior, acute 1 mo.

Due to 36

Other conditions 36
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Confirmation of above diagnoses.

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 John W. Lewis M.D. (M. D. or other)

Address Springfield, Mo. Date signed 9-14-43

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

39
2
6

784

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

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.