

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

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County...
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution 37 years
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 5793 Westminster
(e) Citizen of foreign country? alien # 4831596

3. (a) PRINT FULL NAME Sam Feldman
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 21
year 1944 hour 8:46 minute A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Essie Feldman
6. (c) Age of husband or wife if alive ab. 59 years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years about 63 Months _____ Days _____
If less than one day hr. _____ min. _____

Immediate cause of death: Oedema Brain, Peritonitis, pulmonary Congestion
Due to stroke which did not stop at the intersection of 18th and Washington Ave.
Due to about 7:45 AM Jan. 20 1944
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace Zhitomir Volhynia U.S.S.R.
10. Usual occupation presser

11. Industry or business ladies garment fcty
12. Name Jacob Feldman
13. Birthplace U.S.S.R.
14. Maiden name Mirel (unk)
15. Birthplace U.S.S.R.

16. (a) Informant Max Feldman
(b) Address 5455 Delmar

17. (a) burial (b) Date thereof 1/23/44
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave
19. (a) JAN 23 1944 (b) J. F. Bredeck

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Jan 20 1944
(c) Where did injury occur Public Place
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) _____ (Specify means of injury) Auto
3. Signature Thomas F. Collins
Address Deputy Coroner

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..... *W. J. Berg*

Licensed Embalmer No. *1397*

P. O. Address.....

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.