

FILED OCT 13 1944 8

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8181

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: Missouri Baptist 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town Chicago  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2828 Pine Grove  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David F. Feinberg

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Feinberg 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 59 Months -- Days -- If less than one day  
about hr. min.

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

10. Usual occupation Attorney

11. Industry or business \_\_\_\_\_

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 Harry Charles Feinberg  
(b) Address Chicago, Ill.

17. (a) Removal (b) Date thereof 10-5-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Herman Rindskopf  
(b) Address 5216 Delmar Blvd.

19. (a) OCT 5 1944 (b) J. F. Brudeck  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 6, 1944 to OCT 5, 1944  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Carcinoma, 1 yr.  
Due to \_\_\_\_\_

Due to Carcinoma Urinary Bladder, Primary Site  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 52 yr.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature J. F. Brudeck (M. D. or other) \_\_\_\_\_  
Address 4271 Nebraska Date signed 10-5-44

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.

Signed..... *W. E. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *5216 Delmar* .....

**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.**