

FILED APR 6 1945  
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Registration District No. Primary Registration District No. 1003 Registrar's No. 2650

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: 1219 Holly Hills Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Dora Feinberg

3. (b) If veteran, name war..... no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Morris Feinberg

6. (c) Age of husband or wife if alive, years September 30, 1882  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	21	..... hr. .... min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Solomon Ovchinsky

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

14. Maiden name Pearl Ansehl

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

16. (a) Informant Nathan Feinberg

(b) Address 1219 Holly Hills

17. (a) burial (b) Date thereof 3/23/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai Berger Memorial

18. (a) Signature of funeral director 4715 McPherson Ave.

(b) Address 4715 McPherson Ave.

19. (a) MAP 23 1945 (b) J. J. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1219 Holly Hills  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 21 Year 1945 hour 8:30 minute PM

21. I hereby certify that I attended the deceased from 2/1/45, 19... to 2/21-45, 19...  
that I last saw him..... alive on....., 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure Duration 6 hrs.

Due to Chronic Cardiac

Due to Renal Disease 2 years

Other conditions Diabetes Insipidus

Major findings: no

Of operations: no

Of autopsy: no

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?  
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature J. J. Brebeck (M.D. or other).....  
Address 3918 N. Grand Ave Date signed 3/24/45

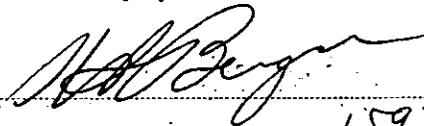
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

06  
17  
9

**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.....



Licensed Embalmer No.....

1597

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.**