

Registration District No. 367

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Y. Lewis

(b) City or town Rural, 4. Ferdinand Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution JEWISH SANATORIUM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 374 years  
(Specify whether in this community 60+ years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1421a Goodfellow  
(If rural, give location)

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

3. (a) PRINT FULL NAME Morris Feldman

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day seven  
year 1945 hour ten minute 32 A.M.

21. I hereby certify that I attended the deceased from December 14  
1944 to April seven 1945  
that I last saw him alive on April seven 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's disease

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Tessie

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 7, 1882  
(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) Anterior dentate heart disease, residual hemiplegia

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 63 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation machinist

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business pants factory

12. Name Michael Feldman

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

14. Maiden name Yetta Raiga  
(City, town, or country) (State or foreign country)

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

16. (a) Informant Mrs. L. Silverberg

(b) Address 1421a Goodfellow

17. (a) burial (b) Date thereof 4/10/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson

(b) Address APR 9 1945

19. (a) APR 9 1945 (b) C. J. McPherson  
(Date received local registrar) (Registrar's signature)

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 Alvin (M. D. or other) \_\_\_\_\_  
Address JEWISH SANATORIUM Date signed 4/7/45

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

1660

**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.**