V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35246

FILED DEC 3 1945

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 10388

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: Jewish Orthodox Old Folks Home
(If not in hospital or institution, write street number or location) 1438 E. Grand
(d) Length of stay: In hospital or institution over 1 yr. (Specify whether
In this community 41 years 5
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. Jewish Orthodox Old Folks Home
(If rural, give location) 1438 E. Grand.
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nathan Feingold

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male D

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March (Month) 15, (Day) 1877 (Year)

8. AGE: Years 68 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Kiev, (City, town, or county) U.S.S.R. 6 (State or foreign country)

10. Usual occupation Hawker

11. Industry or business unknown

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 4 (State or foreign country)

16. (a) Informant Home Records-B. Winfield, Sup't
(b) Address 1438 E. Grand

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue

19. (a) NOV 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1945 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 25th. 1945, to November 30 1945, that I last saw him alive on Nov. 28 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
embolus cardialis
Due to arteriosklerosis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 1918 East Jefferson Date signed

(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 no embalming

..., 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.