

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36871

FILED JAN 25 1946  
 Registration District No. 318

Primary Registration District No.

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

2491

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 32 years  
(Specify whether years, months or days)  
 In this community 32 years

3. (a) PRINT FULL NAME Hyman Feldman  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 494-10-8870

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bessie Cohen  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased February 15 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 51 10 29 hr. min.

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

10. Usual occupation President  
 11. Industry or business Clothes Cleaning Co

MOTHER FATHER  
 12. Name Hirsch Feldman Poland  
 13. Birthplace Poland  
 14. Maiden name Miriam Gertrude Gellin Poland  
 15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Feldman  
 (b) Address 5801 Lotus

17. (a) Burial (Burial, cremation, or removal) Chesed Shel Emeth  
 (b) Date thereof 1/16/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Berger Memorial

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

19. (a) JAN 16 1946 (Date received local registrar)  
 J. F. Brudek (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. 5801 Lotus  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 14  
 year 1946 hour 8 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Jan 7 to Jan 14 1946  
 that I last saw him alive on Jan 14 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Cerebral thrombosis  
 Due to Auto. Cholelithiasis  
 Due to Calculus  
 Other conditions: (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy

Duration  
 2 days  
 5 days  
 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)  
 (e) Means of injury  
 23. Signature J. F. Brudek (M. D. or other) MD  
 Address 3651 Grand Ave Date signed 1-15 1946

AUG 22 1946

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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.....

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.**