S. No. 2
M—5-43
. 5-17-39
I X36671

10029

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

FILED MAR 27 1946

State File No. 11117

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2508

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 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 40 yrs
years, months or days)

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. 1396a Granville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Osias Finkelstein

3. (b) If veteran, name war No

3. (c) Social Security No. 494-09-1766

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Goldie Finkelstein

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

7. Birth date of deceased May (Month) 5 (Day) 1879 (Year)

8. AGE: Years 66 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Sheet metal worker

11. Industry or business

FATHER
12. Name Schloima Finkelstein
13. Birthplace (City, town, or county) Roumania (State or foreign country)

MOTHER
14. Maiden name Chyia (unk)
15. Birthplace (City, town, or county) Roumania (State or foreign country)

16. (a) Informant Morris Finkelstein
(b) Address 5585 Etzel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) MAR 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1946 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from July, 1944, to March 14, 1946, that I last saw him alive on March 13, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	7 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Stomach
Of autopsy

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 Herman M. Meyer (M. D. or other) M.D.
Address 508 N. Grand Date signed 3/14/46

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1946

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 Lewis A. Ludwig

Licensed Embalmer No. 4229

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.