

No. 2
1747
17.39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6337**
1538
Registrar's No. _____

National Office of Vital Statistics
FILED FEB 28 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5455 Gravois Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Afton
(If outside city or town limits, write "RURAL")
(d) Street No. D.R. 10032 Gravois
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David A. Feinstein
3. (b) If veteran, name war none
3. (c) Social Security No. 500-30-2040

4. Sex male 5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida. Freeman Feinstein
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 9 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 5 _____ hr. _____ min.

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

10. Usual occupation Realestate

11. Industry or business _____

12. Name Aaron Feinstein
13. Birthplace Romania
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kindler

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

16. (a) Informant Bernard Feinstein
(b) Address 5455 Gravois

17. (a) Burial (Burial, cremation, or removal) Burial
(b) Date thereof 2/16/48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Wayne
(b) Address 4356 Lindell Blvd

19. (a) FEB-15 1948 (Date received local Registrar)
(b) J. S. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/14/48 day 30 year 1 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/1/47 19____ to 2/14/48 19____
that I last saw him alive on 2/10/48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Ch. coronary arteries
in atherosclerosis
Due to PH
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

1 1/2 hr

3 yrs

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause of 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 V. F. Ash (M. D. or other) MD
Address _____ Date signed 2/15/48

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

MOTHER: FATHER:

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.....

W. W. Wilkinson

Licensed Embalmer No..... *3575*

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.