

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27683

Registrar's No. 7158

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 Chain of Rocks Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Chaim Feinstein

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 40 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Tailor

11. Industry or business _____

12. Name Menorchen Mendel Fienstein

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

14. Maiden name Sarah Kolodny

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

16. (a) Informant Shirley Feinstein

(b) Address 5325 McArthur

17. (a) Burial (b) Date thereof 8-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevra Kadisha

18. (a) Signature of funeral director Oxenhandler Funeral Home

(b) Address 5010 Enright Ave

19. (a) AUG 15 1948 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County boon
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5825 McArthur
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1948 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death SUFFOCATION, when he was found floating in the Mississippi River, near an intake tower of the City Water Works Pumping Station 10600 Riverview Rive, around 10:00 AM. AUG. 12, 1948. TIME PLACE CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.

Other conditions OPEN VERDICT
(Include pregnancy within 3 months of death)

Major findings: 182
Of operations _____

Of autopsy 2 1/2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence unknown

(c) Where did injury occur? see above
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Mississippi River
While at work no (Specify type of place) (City or town) (County) (State)
(e) Means see above

23. Signature V. G. Taylor (Physician's signature)
Address 1500 Clark Ave Date signed Aug 19 1948

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. J. Oxenhandler

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.