

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27685
State File No.
Registrar's No. 7053

Registration District No.

Primary Registration District No.

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: Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks.
In this community 40 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS FELDMAN

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive 1875
7. Birth date of deceased Feb. 5,
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 5 hr. min.

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

10. Usual occupation Grocer

11. Industry or business

12. Name (unk)
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name (unk)
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Seldon Feldman

(b) Address 7021 Amherst

17. (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Anet Berger Memorial

18. (a) Signature of funeral director

(b) Address 4715 McPherson

19. (a) AUG 11 1948
(Date received local registrar)

(b) J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7021 Amherst
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1948 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from July 28, 1948, to Aug 10, 1948
that I last saw him alive on Aug 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 5 mts

Due to coronary occlusion with myocardial infarction 12 days

Due to generalized arteriosclerosis many years

Other conditions 9 H
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature Joseph Magidson (M. D. or other) MD
Address 520 W. 10th Date signed 8-11-48

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

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 Ludwig

Licensed Embalmer No.....
4209

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.