No. 300
10.48

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

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15381

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 953

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch (rural)
c. LENGTH OF STAY (in this place): 2205 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1416 Semple

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): –
c. (Last): Feld

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: December 10, 1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: Russia

13a. FATHER'S NAME: Louis Panitz (?)
13b. MOTHER'S MAIDEN NAME: ??
14. NAME OF HUSBAND OR WIFE: Hyman Feld (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Records, Robt. Koch Hosp.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 9½ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (??)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-28-, 1944, *to* 4-11-50, 19__, *that I last saw the deceased alive on* 4-11-, 1950, *and that death occurred at* 1:30A *m., from the causes and on the date stated, above.*

23a. SIGNATURE (Degree or Title): William A. Ehrmann M.D.
23b. ADDRESS: Robert Koch Hospital
23c. DATE SIGNED: 4-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/50
24c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State): University, MO

DATE REC'D BY LOCAL REG.: 4-12-50
REGISTRAR'S SIGNATURE: Herbert R. Wimbe MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

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.