

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31632

7881

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____				f. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay, 4860	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital				d. STREET ADDRESS (If rural, give location) 2843 Telegraph Rd.					
3. NAME OF DECEASED (Type or Print)		a. (First) Nathan		b. (Middle) _____		c. (Last) Feinberg		4. DATE OF DEATH (Month) (Day) (Year) 9/16/50	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 14, 1904 <input checked="" type="checkbox"/>		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Feinberg			13b. MOTHER'S MAIDEN NAME Dora Unknown			14. NAME OF HUSBAND OR WIFE Katherine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Feinberg-2843 Telegraph Rd. Lemay, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension & uremia INTERVAL BETWEEN ONSET AND DEATH 3+ mo. ANTECEDENT CAUSES Morbidity 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.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H45X					
22. I hereby certify that I attended the deceased from Aug 29, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Barnett L. Tausig (Degree or title) MD-U				23b. ADDRESS 4500 Olive St. St. Louis		23c. DATE SIGNED Sept 16			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/18/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REG. SEP 18 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Wacker - Hehlert		ADDRESS 3634 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Robert Wheeler.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2128.....

P. O. Address Portland.....

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.