

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. 42232
10902
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	State File No. <u>42232</u> <u>10902</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis - Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>67 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>5923 Waterman</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1950</u>		
3. NAME OF DECEASED a. (First) <u>SAM</u> b. (Middle) _____ c. (Last) <u>FELDMAN</u>			5. SEX <u>M</u>		
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>		8. DATE OF BIRTH <u>Unk</u>	
9. AGE (In years last birthday) <u>abt</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 12 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocer</u>		11. BIRTHPLACE (State or foreign country) <u>USSR 6</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Unk</u>					
13a. FATHER'S NAME <u>Joseph Feldman</u>		13b. MOTHER'S MAIDEN NAME <u>Yetta (unk)</u>		14. NAME OF HUSBAND OR WIFE <u>Tillie Feldman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tillie Feldman 5923 Waterman</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO (b) <u>3 yrs +</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary edema</u> <u>24 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? <u>430m</u>	
22. I hereby certify that I attended the deceased from <u>10/49</u> to <u>12/20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/20</u> , 19 <u>50</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. Greenman, M.D.</u>			23b. ADDRESS <u>462 No. Jay Ln</u>		23c. DATE SIGNED <u>12/29/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>
DATE REC'D BY LOCAL REG. <u>856 21 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Frazier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	

(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 _____

Lewis A. Dunning

Licensed Embalmer No. 4829

Signed

Student Embalmer

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.