No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1952

State File No. 44151
Registrar's No. 11161

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place) 33
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~ST. LOUIS~~ 4336
d. STREET ADDRESS (If rural, give location) 6250 Clemens

3. NAME OF DECEASED (Type or Print)
a. (First) CARL
b. (Middle)
c. (Last) FELDMAN

4. DATE OF DEATH (Month) (Day) (Year) Dec 15, 1951

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never MARRIED
8. DATE OF BIRTH Feb 4, 1933
9. AGE (In years last birthday) 18 — 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) STUDENT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRED FELDMAN
13b. MOTHER'S MAIDEN NAME Belle Stone
14. NAME OF HUSBAND OR WIFE

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. UNK
17. INFORMANT'S SIGNATURE OR NAME FRED FELDMAN **ADDRESS** 6250 Clemens

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) Tracheal collapse — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anesthesia
DUE TO (c) Carcinoma of Thyroid

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/15/51
19b. MAJOR FINDINGS OF OPERATION Tumor of Thyroid
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? 194X

22. *I hereby certify that I attended the deceased from* Dec 8, 19 51 *to* Dec 15, 19 51, *that I last saw the deceased alive on* Dec 15, 19 51, *and that death occurred at* 8:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE G. E. Gruenfeld (Degree or title) MD
23b. ADDRESS 4500 Olive
23c. DATE SIGNED 12/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/18/51
24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha
24d. LOCATION (City, town, or county) (State) University City Mo

DATE REC'D BY LOCAL REG. DEC 17 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial **ADDRESS** 4715 Maryland

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 4289

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.