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pt. Health,
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FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 45802 12293

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3745 Lindell — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First HERBERT	Middle FEINGOLD	Last	4. DATE OF DEATH	Month Day Year December 21, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 21, 1923	9. AGE (In years last birthday) 34	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) Buyer	10b. KIND OF BUSINESS OR INDUSTRY Klines, Inc.		11. BIRTHPLACE (City and state or country) New York City, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isadore Feingold			14. MOTHER'S MAIDEN NAME Jean Cheroff		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) W. W. #2	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Paul Feingold, New York City, N. Y.		Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Hypertensive vascular disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 11-20-57 to 12/18-57 and last saw her-him alive on 12/18/57
Death occurred at night of 12/20/57 m.on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Mitchell Perry Jr. (Degree or title) M. D. — 22b. ADDRESS BARNES HOSPITAL — 22c. DATE SIGNED 12/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 12/22/57 — 23c. NAME OF CEMETERY OR CREMATORY — 23d. LOCATION (City, town, or county) (State) New York City, N. Y.

24. FUNERAL DIRECTOR Herman Rindskopf, Inc. — ADDRESS 5216 Delmar — 25. DATE RECD. BY LOCAL REG. DEC 23 57 — 26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Becoming the medical certification in the specific manner required by 193.140 MoRS 1949.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Peter B. Lubrouillet

Licensed Embalmer No. 36

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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