Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021344

STATE FILE NUMBER 2887

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in 1b 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Missouri — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Hyde Park Hotel — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Sam Middle: Last: Feldenheimer

4. DATE OF DEATH Month 6 Day 12 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 2-26-83

9. AGE (In years last birthday) 76 — 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) Agent

10b. KIND OF BUSINESS OR INDUSTRY Thos. McGee&Son

11. BIRTHPLACE (City and state or country) Rothenberg Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Hirsch Feldenheimer

13b. MOTHER'S MAIDEN NAME Hosa Mann

14. NAME OF HUSBAND OR WIFE Bertha Feldenheimer

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. 487-36-3614

17. INFORMANT Address Mrs. Chas. Cohon San Francisco Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma of left lung with Cerebral Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 1950, to 6/12/59 and last saw him alive on 6/12/59
Death occurred at 6-12-59 7:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack W. Wolf (Degree or title) M.D.

22b. ADDRESS 409 E. 63 Kansas City, Mo.

22c. DATE SIGNED 6/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 6/14/59

23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons.

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure ADDRESS K. C. Mo.

25. DATE RECD. BY LOCAL REG. 6-14-59

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Jack W. Wolf

VS MAY 12 1983

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 Behan W. Meeker, Student Embalmer No. 569 working under my personal supervision.

Student Behan W. Meeker Signed Eugene [illegible]
Signature of Student Embalmer

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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

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