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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31107

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. [illegible]

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 624 North 25 th. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Feltenstein
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel Feltenstein
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 10 (Month) 22 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	7	hr. min.

9. Birthplace New York City New York (City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business Ready to Wear
FATHER
12. Name Jole Feltenstein
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant David E. Feltenstein
(b) Address 624 North 25th [illegible]
17. (a) Ashland Mausoleum (Burial, cremation, or removal) (b) Date thereof 10 (Month) 2 (Day) 41 (Year)
(c) Place: burial or cremation Ashland Mosoleum
18. (a) Signature of funeral director Heaton [illegible] & Bowman
(b) Address 319 [illegible] St Joseph Mo
19. (a) Sept. 30, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1941 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from 9-20 1941 to 9-29 1941
that I last saw h[im] alive on 9/29 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	10 hrs.
Due to angina pectoris & Upper Resp. Infection	
Due to	

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

94a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) M.D.
Address 620 Francis Date signed 9-29-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1950

MAR 30 1950

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 9-29

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm E. Simmons Jr

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Laurel

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.