

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

0175

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Jewish Hospital**) St. Ward)

File No.
 Registered No. **1333**

2. FULL NAME **Harry Feiner**

(a) Residence. No. **1408 North and South Rd.** St. **12** Ward. **St. Louis Mo.**
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 17-1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Student**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Brentwood Mo.**
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Abe Feiner**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

12. MAIDEN NAME OF MOTHER **Hattie Hoffer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

14. INFORMANT **Abe Feiner**
 (Address) **1005 North and South Rd.**

15. FILED **FEB - 8 1927** **Marlo Starkeoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 7 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 12 1927**, to **Feb 7 1927**, that I last saw him alive on **Feb 7 1927**, and that death occurred, on the date stated above, at **7:40 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Rheumatic Myocarditis and Endocarditis, acute

916
III 5/10 (duration) **2 mos. 2 da.**
 CONTRIBUTORY (SECONDARY) **Acute Pulmonary Edema due to Acute Endocarditis** (duration) **1/4 da.**

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: **St. Louis County**

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF _____
 WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical & Laboratory**
 (Signed) **Arthur E. Straub**, M. D.
8/7 1927 (Address) **Univ. Club Bldg.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Chesed Shel Emeth** DATE OF BURIAL **Feb. 8 1927**

20. UNDERTAKER **H. Riedschoff** ADDRESS **5716 Delmar**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

