

FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17657

State File No.

2184

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3729 Forest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community About 28 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits write "RURAL")
 (d) Street No. 3729 Forest
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 1936 to May 27, 1940
 that I last saw him in alive on May 27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Coronary Disease
 Due to 935!
 Other conditions Myocarditis
(Include pregnancy within 3 months of death)
hypertension arteriosclerosis
 Major findings: _____
 Of operations: _____

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

3. (a) PRINT FULL NAME Alex George Feinberg 516

3. (b) If veteran, name war No 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 Anna Feinberg 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September 20 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Minneapolis Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Charles Feinberg

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Feinberg

(b) Address 3729 Forest

17. (a) Burial (b) Date thereof 5-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland K. C. Mo.

19. (a) May 28, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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?
361
(Specify type of place)
 While at work? _____ (e) Means of injury !
 23. Signature J. K. ... (M. D. or other) _____
 Address _____ Date signed _____

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

DR IRWIG
MR NORAH

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed *Beit Legan*

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, Mo.*

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, above space should be left blank.