

FILED OCT 18 1941

Registration District No. 1791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
22 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1941 hour 4:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from
Aug 18, 1941, to Sept 3, 1941;
that I last saw him alive on Sept 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Circulatory collapse
Due to Coronary thrombosis
Atrial fibrillation
Due to _____

Other conditions Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations Benign prostatic hypertrophy
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nyman Feldman

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 Felie Feldman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 15 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 18
If less than one day hr. min.

9. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business Paint

12. Name Emil Feldman

13. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

14. Maiden name Shurley Unknown

15. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant William Feldman

(b) Address 6024 Washington

17. (a) Russia (b) Date thereof 9-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherak Radische

18. (a) Signature of funeral director C. Demhaller

(b) Address 4469 Washington

19. (a) SEP 4 1941 (b) J. B. Beck
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Charles Kiger (M. D. or other) O
Address Jewish Hospital Date signed 9/4/41

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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. J. Penhander*
Licensed Embalmer No. *3669*
P. O. Address.....

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, fact should be so stated above.