

FILED FEB 27 1942
Registration District No. 2014

Primary Registration District No. 3014

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson
(c) Name of hospital or institution:
811 Fairmount Blvd
(d) Length of stay: In hospital or institution _____
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(d) Street No. 811 Fairmount Blvd
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph M. Feinstein
3. (b) If veteran, name war _____ 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 Yetta Feinstein 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased February 20 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>8</u>hr.min

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

10. Usual occupation Ladies Ready-to-wear shop

11. Industry or business _____

MOTHER FATHER { 12. Name Morris Feinstein
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Edith Patiloff
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Feinstein

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J. Eason
(b) Address Jefferson City, Missouri

19. (a) 1-14-42 (b) W. Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1942 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from no attendance incident to death
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to gunshot wound of head
Due to Self inflicted
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 164C
Of autopsy _____
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) Suicide
(b) Date of occurrence _____
(c) Where did injury occur? Jeff City, Cole Mo
(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 gun

23. Signature E. J. Manner (M. D. or other)
Address Jeff City Mo Date signed 1-17-42

FEB 5 1954

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.....

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

Signed.....

Louis Quest

Licensed Embalmer No. *4096*

P. O. Address *Jefferson City*

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.