

Registration District No. 704 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(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 3 days
52 Years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 116
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Burd 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH FELDMAN

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Anna Feldman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 83 hr. min.

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

10. Usual occupation Dealer

11. Industry or business Junk

12. Name Aaron Feldman

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

14. Maiden name Miriam Yatkeman

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

16. (a) Informant Joseph Fishman

(b) Address 1256 N. Euclid

17. (a) Burial (b) Date thereof 4 17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oberhandler

(b) Address 4469 Washington Blvd.

19. (a) APR 16 1942 (b) J. F. Medick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1942 hour _____ minute 5 A M.

21. I hereby certify that I attended the deceased from 4/7/42 to 4/16/42
that I last saw him alive on 4/16/42 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration 2 yrs

Due to PH
Due to _____

Other conditions Heart block 3 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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) _____
(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 0

23. Signature J. F. Medick (M. D. or other) M.D.
Address 4500 Olive Date signed 4/17/42

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

MOTHER FATHER

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 *W. B. Penhallow*
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.