

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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 1 day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorothy F. Feigenbaum

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob M. Feigenbaum 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 29 (Month) (Day) (Year) 1899

8. AGE: Years 43 Months 4 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country): 0

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Harry Fishgall

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

14. Maiden name Celia Unknown

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

16. (a) Informant Jacob M. Feigenbaum

(b) Address 516 Purdue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 216 Delmar Blvd

19. (a) DEC 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5 NR  
(d) Street No. 516 Purdue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1942 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 26, 1928, to Dec 5, 1942, that I last saw him alive on Dec 5, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Renal, heart disease, Mitral Stenosis Duration 16 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Renal, Ht. Disease, Mitral Stenosis

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 W. M. E. Strickland (M. D. or other)

Address 539 N. Grand Date signed 12/7/42

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

MOTHER FATHER

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**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..... *Chas W. Cooper*.....  
Licensed Embalmer No..... *38130*.....  
P. O. Address..... *5216 Delmar*.....

**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.**