

FILED JAN 25 1946

Registration District No. 318

Primary Registration District No. 1003

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:
City Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-17-1945 to 1-14-1946
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5800 Arsenal Street
(If rural, give location) 139
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Vada Feinstein

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben L. Feinstein 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 29 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Unknown Eldon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER }
12. Name ? Unknown
13. Birthplace ? Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace ? Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal Street

17. (a) Bremation (b) Date thereof Jan. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral
(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 15 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1946 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct. 18, 1946 to January 14, 1946
that I last saw her alive on January 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

Due to _____

Due to _____

Other conditions Psychosis
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. E. Hill (M. D. or other) M.D.
Address 5400 Arsenal Date signed 1/14/46

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

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

2430

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.....

Licensed Embalmer No. *4186*.....

P. O. Address..... *St. Louis 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, fact should be so stated above.