

FILED OCT 28 1946
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hosp.
(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)

In this community 10 Months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 324 North 7th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HYMAN J. FINSTEIN

3. (b) If veteran, name war No

3. (c) Social Security No. Not Stated

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1946 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from 10/20/46 19__ to 10/21/46 19__;
that I last saw him alive on 10/20/46 19__;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Goldie

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: ? ? 1865
(Month) (Day) (Year)

Immediate cause of death Pneumonia, lobar, left upper lobe

Duration 5 da

8. AGE: Years 81 Months ? Days ?
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

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

10. Usual occupation Tailor

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER {

11. Industry or business _____

12. Name Barnard Finstein

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

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emily Scult

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 10-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem Cem.

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? _____

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) Oct. 25, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address St. Joseph, Mo. Date signed 10/21

NOV 14 1946

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.....

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address.....

St. Joseph, 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.