

S. No. 2  
OM-5-43  
v. 5-17-39  
I. X36672

36121

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1294

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(d) Length of stay: 1 Da.  
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(d) Street No. 1523 Jule  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mr Arch Feltenstein  
(b) If veteran, name war W.W.# 1  
(c) Social Security No. None State

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 18  
year 1946 hour 8 minute 30 P M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased July 30 1891

21. I hereby certify that I attended the deceased from May 9 1946 to Nov 18 1946  
that I last saw him alive on Nov 18 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 3 Days 18  
If less than one day hr. min.

Immediate cause of death: Hemorrhage, cerebral  
Due to: Arteriosclerosis general Hypertension  
Due to: Arteriosclerosis general Hypertension

9. Birthplace St Joseph Missouri  
10. Usual occupation Salesman

Other conditions: Nephritis Chr.  
Death Disease, arteriosclerosis + Hypertension

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Jacob Feltenstein  
13. Birthplace Russia  
14. Maiden name Rosa Barden  
15. Birthplace Russia

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
131B

16. (a) Informant Harry Rosen  
(b) Address St Joseph, Mo.  
17. (a) Burial (b) Date thereof 11-20-46  
(c) Place: burial or cremation Adath Joseph Cem  
18. (a) Signature of funeral director Fleeman & Son Inc.  
(b) Address St Joseph, Mo.  
19. (a) Nov. 21, 1946 (b) E.C. Jenkins

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 706 Francis Date signed 11-19-46

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

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(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

DEC 3 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.**