

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6338
State File No. _____
Registrar's No. **2241**

Registration District No. **318** Primary Registration District No. **7003**

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

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:
5825 McARTHUR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **16 years**
years, months or days

3. (a) PRINT FULL NAME **MEYER FEINSTEIN**
3. (b) If veteran, name war _____
3. (c) Social Security No. **486-22-8259**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **EILEEN FEINSTEIN**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **AUG. 15 1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **6** Days **19**
If less than one day hr. _____ min. _____

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

10. Usual occupation **BUILDER**

MOTHER FATHER
11. Industry or business _____
12. Name **MEYER MENDEL FEINSTEIN**
13. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)
14. Maiden name **SURAH KOLODNY**
15. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Shirley Feinstein**
(b) Address **5925 McArthur**

17. (a) **BURIAL** (b) Date thereof **3-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chourah Kadisha**

18. (a) Signature of funeral director **openhandler**

(b) Address **5010 Enright**

19. (a) **1105 1115** (b) **Geo. Bredeen**
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **St. Louis**
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **5825 McArthur Ave** 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4th**
year **1946** hour **7:30** minute **00** A.M.
21. I hereby certify that I attended the deceased from **Feb. 27th**
1946 to **March 4th** 19**46**
that I last saw him alive on **March 4th** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of liver**
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **W.D.**

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **Solomon Hyling** (M. D. or other) _____

Address **6876 National Mall** Date signed **3/4/48**

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. Penhandler

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.