No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6339

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1313

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

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 2 DAYS (Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2530 BURD
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country RUSSIA

3. (a) PRINT FULL NAME MAX FELD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ANNA FELD

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years Abt 72 | Months | Days | If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business

MOTHER FATHER

12. Name ABRAHAM FELD

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

14. Maiden name LENA

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

16. (a) Informant Mary Lapot

(b) Address 2530 Burd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Oehmandler

(b) Address 5010 Enright

19. (a) FEB 8 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 th year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-1, 1948, to 2-6, 1948; that I last saw him alive on 2-6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Monocytic Leukemia — Duration 7 yrs.

Due to

Due to

Other conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 Edward J. Berger (M. D. or other)

Address 440 N. TAYLOR Date signed 2-7-48

(Licensed Embalmer's Statement on Reverse Side)

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 J. B. Kenhandler

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.