

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14067**
Registrar's No. **3695**

Registration District No. **318** Primary Registration District No. **1003**

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: De Paul Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 36 yrs.

3: (a) PRINT FULL NAME GUSSIE FELDMAN

3: (b) If veteran, name war _____

3: (c) Social Security No. No.

4. Sex Female 5. Color or race White

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

6: (b) Name of husband or wife Morris

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

7. Birth date of deceased: July 15 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wolf Finkelstein

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

14. Maiden name Annie (unk)

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

16: (a) Informant Morris Feldman

(b) Address 3105 Norwood

17: (a) Burial (b) Date thereof 4/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18: (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19: (a) APR 19 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 3105 Norwood
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1948 hour 7:30 minute B.M.

21. I hereby certify that I attended the deceased from Dec. 1 1947 to April 17 1948
 that I last saw her alive on April 17 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Chronic Hypertension

Due to _____

Other conditions 85
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature W. J. [unclear] (M. D. or other) med.

Address 2807 N. Grand Ave. Date signed 4/19/48

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Lewis Rudwig

Licensed Embalmer No..... *4229*

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.