MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2988

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4635 Alaska St. ..... Ward)

File No. ..... Registered No. 585

2. FULL NAME Hy E. Feldmann

(a) Residence. No. 4635 Alaska St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Bessie Feldmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	✓	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Loose Wiles

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Aug. Feldmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Johanna Fries

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Bessie Feldmann
(Address) 4635 Alaska ave

15. FILED JAN 17 1928 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928 to Jan 14, 1928 that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 2.35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis
non Tubercular
92A
106A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 900

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) W E Holdenried, M. D

1/14, 1928 (Address) 4504 Virginia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Picker

DATE OF BURIAL 1-17 1928

20. UNDERTAKER Wm Schumacher

ADDRESS 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.