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

Do not use this space.

6946

File No. 1910

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Christian Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Infant Feldhaus

(a) Residence. No. 4489 Kingshighway N.E. St., 7 Ward.
(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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18th 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER August Feldhaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Louis Mo

12. MAIDEN NAME OF MOTHER Elsa Stapenhorst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Louis Mo

14. INFORMANT August Feldhaus
(Address) 4489 Kingshighway N.E.

15. FEB 21 1928 Filed, 19 Mark E Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1928 to Feb 20 1928 that I last saw him alive on Feb 20 1928, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolic Block of Cerebral Vessels

Sec 99.9

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Embolus from Cord

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) W. D. McElvaine M. D.

, 19 (Address) 4356 Marine

*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 Calvary

DATE OF BURIAL Feb 21. 1928

20. UNDERTAKER Math Hermann & Son 4103 Bonsant

ADDRESS

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.

WRITE WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

JUN 1 1 1947