WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 29026

Township ..... Primary Registration District No. ..... Registered No. 85 32

City St Louis (No. 1426 Mallinckrodt St. ..... Ward)

2. FULL NAME F. Leo Feldhaus

(a) Residence. No. 1426 Mallinckrodt St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18. 1889 00

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	6	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lithographer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER John Feldhaus

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

12. MAIDEN NAME OF MOTHER Anna Heuel

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

14. INFORMANT Gustav Feldhaus
(Address) 1426 Mallinckrodt St.

15. FILED AUG 21 1928, 19..... Clay C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1927, to July 14, 1928, that I last saw him alive on July 14, 1928 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
Chronic myocarditis
"------no-------
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1920
IF NOT AT PLACE OF DEATH? --

DID AN OPERATION PRECEDE DEATH? no. DATE OF --

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? --

(Signed) L. J. Riebmann M.D.
8/22, 1928 (Address) 3621 N. 20th Str.

*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. Coroner to O.K. certificate

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary

DATE OF BURIAL Aug. 24 1928

20. UNDERTAKER Math Hermann Mgr Sty.

ADDRESS 3850 Carter Ave