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

Do not use this space.

File No. 32289

Registered No. 9603

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3635 Flora Blvd. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frank W. Feuerbacher

(a) Residence. No. St., 17 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: 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: Carrie Feuerbacher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 30 1850

7. AGE: Years 78 | Months 1 | Days 28 | If less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Banker
(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): Missouri

PARENTS

10. NAME OF FATHER: Max Feuerbacher

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

12. MAIDEN NAME OF MOTHER: Katherine Adler

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

14. INFORMANT: Carrie Feuerbacher
(Address) 3635 Flora Blvd

15. FILED: SEP 29 1928 Mary E. Starling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1928, to Sept. 27 1928, that I last saw alive on Sept. 27 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Myocarditis - Chronic
2. Uremia. 9.30
3. Arterio-sclerosis 9.1.
(duration) 3 yrs. 13 mos. ds.

CONTRIBUTORY (SECONDARY): Hypertrophy prostate
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? N.P.N. & Stethoscope
(Signed) Otto J. Wilhelmi, M.D.
9/28, 1928 (Address) 220 Univ. Club Bldg

*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: 10/1 1928

20. UNDERTAKER: C. H. Huntsinger U & C. | ADDRESS: 7814 Delmar Blvd

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD