

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

Do not use this space.

8917

1. PLACE OF DEATH

County Missouri Registration District No. 10
 Township St. Louis Primary Registration District No. 3000
 City St. Louis (No.) St. Ward

File No.
 Registered No. 2613

2. FULL NAME

Charles Feltman
 (a) Residence, No. 3904 N. 25th Street St. 20 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)

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

June 8 - 1928

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

6 - 8 - 1928

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

8

18

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

George Feltman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Ida Bolte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

George Feltman
3904 N. 25th Street

15. FILED

19

Max C. Stork
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1929, to Feb. 26, 1929, that I last saw him alive on Feb. 25, 1929, and that death occurred, on the date stated above, at 10:18 2 A. p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemiplegia

10:18

CONTRIBUTORY (SECONDARY)

10:18

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Conc. Ottersbach, M. D.

4427, 1929 (Address) 1509 Blumson

*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

DATE OF BURIAL

Calvary Cemetery Feb. 28 1929

20. UNDERTAKER

ADDRESS 4320

John A. Genteman Warne

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.

