

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

Do not use this space.

38276

1. PLACE OF DEATH

County St. Louis Registration District No. 189
 Township Central Primary Registration District No. 6033 B
 City (No. 6225, Greer Ave.) St. 35-7 Ward

2. FULL NAME Antonia Feldt

(a) Residence. No. 6225 Greer Ave. St. 35-7 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 Female 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 William Feldt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24, 1858

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
	71	8	25	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jacob Schenkel.

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

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know.
 (STATE OR COUNTRY)

14. INFORMANT Mr. William Feldt.
 (Address) 6225 Greer Ave

15. FILED 11/30 1929 Polla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-27-29 to 11-19-1929, that I last saw h. ER alive on 11-19-1929, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CARCINOMA OF LIVER

44 B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? USUAL

11/30, 1929 (Signed) J.O. Mueslin M. D.

(Address) 1194 N. Radiant

*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 Zions Cemetery DATE OF BURIAL 11-22-1929

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton Ave

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

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Physiologische Studien

9 to 11