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

Do not use this space.

38479

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. St Anthony Hosp ..... St. ..... Ward)

File No.....

Registered No. 10869

2. FULL NAME Louise Feldt

(a) Residence. No. 635 Tower Grove St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	White	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	6		

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

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

PARENTS

10. NAME OF FATHER Wilhelm Schmidt

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

12. MAIDEN NAME OF MOTHER Caroline Lammert

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

14. INFORMANT Rev B. Feldt
(Address) 635 Tower Grove

15. FILED NOV 8 1929 Mary C J Tarlton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1929, to Nov 4, 1929 that I last saw he alive on Nov 4, 1929, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 (duration) ..yrs. ..mos. 6 ..ds.

CONTRIBUTORY (SECONDARY) .....
(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? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical cause

(Signed) Nate Linder, M. D.

, 19 (Address) 2708 Lynch St Louis Mo.

*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
S. S. Peter & Paul	11-7 1929
20. UNDERTAKER	**ADDRESS**
Kriegshauser U. Co.	4104 Manchester ave.

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.

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