

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

Do not use this space.

3544 - 2973  
File No. ~~31045~~  
Registered No. 1045  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City \_\_\_\_\_ (No. 1903 Desoto Ave)

**2. FULL NAME** Otto D. Feldmeier

(a) Residence. No. 1903 Desoto St. 9 Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-9-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 8 21

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

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

10. NAME OF FATHER Bernard Feldmeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna Jorgel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo

14. INFORMANT Catherine Feldmeier  
(Address) 1903 Desoto Ave

15. FILED 19 C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Jan 30, 1930, that I last saw him alive on Jan 30, 1930, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchitis (acute)  
non tubercular  
1930  
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 99%  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. Mellis, M. D.

Feb, 1930 (Address) 3825 N 20

\*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 Friedens DATE OF BURIAL 2/13 1930

20. UNDERTAKER H. U. Stock and Co ADDRESS 21176 Grand

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.

