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

Do not use this space.

16221

File No. .....

Registered No. 4703

1. PLACE OF DEATH

County ..... Registration District No. 781

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

City St. Louis (No. 4771, Ledue St. ..... Ward)

2. FULL NAME Camil Von Felde

(a) Residence. No. 4771 Ledue St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	4	9	

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) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) 16

PARENTS

10. NAME OF FATHER Louis Kerber

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

12. MAIDEN NAME OF MOTHER Minnie Menk

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

14. INFORMANT Leo J Von Felde
(Address) 4771 Ledue

15. APR 20 1931 FILED ..... 19.. Vlad C Jordan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1929, 19.., to April 17, 1931, that I last saw her alive on 4-17-31, 19.., and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
3 yrs
10 d

..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Hypertension

..... (duration) 2 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? Physical Exam.
(Signed) Albert Dentz M. D.
4-18, 1931 (Address) 5201 Cortons Ave

*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 4/20 - 1931

20. UNDERTAKER Cullen-Kelly — ADDRESS 4524 Easton

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.

[illegible]
[illegible]
For 1519