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.

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

Do not use this space.

16299

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 16299

Township ..... Primary Registration District No. 1003 Registered No. 4791

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

15688

2. FULL NAME Ollie Needham Feldkamp

(a) Residence. No. 1436 Montgomery St. Ward. 26
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3 - 1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	2	17	

8. OCCUPATION OF DECEASED Suit Case

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

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

(c) Name of employer Rice Stix & Co.

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

PARENTS

10. NAME OF FATHER Wm. Needham

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

12. MAIDEN NAME OF MOTHER Mattie Carter

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

14. INFORMANT Hospital Information Grace Kopp (Address) City Hospital

15. FILED 22 1931 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1930, to April 20th, 1931, that I last saw her alive on April 20th 1931, and that death occurred, on the date stated above, at 10.10 a m.

23A THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculous pleural effusion (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical; X-ray

(Signed) [signature], M. D.

4/20 1931 (Address) City Hosp

*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: Valhalla

DATE OF BURIAL: April 24 1931

20. UNDERTAKER: Ky Leidner Und Co.

ADDRESS 1417 N. Market St.