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

Do not use this space.

33858

1. PLACE OF DEATH

County ..... Registration District No. 79L

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

City St. Louis (No. 5657, Waterman St. ..... Ward)

File No. .....

Registered No. 9158

2. FULL NAME David Feiss

(a) Residence, No. 5657 Waterman St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Feiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Jewelry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Daniel Feiss

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

MOTHER

15. MAIDEN NAME Barbara Wolff

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

17. INFORMANT Arthur Feiss
(ADDRESS) 5657 Waterman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Int. Sinai DATE 10-17 1932

19. UNDERTAKER H. Rindskopf
(ADDRESS) 5216 Delmar

20. FILED OCT 18 1932 19 Mae C. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932, to Oct 15, 1932

I last saw him alive on Oct. 15, 1932. Death is said to have occurred on the date stated above, at 10:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage with paralysis of right side apoplectic Hemiplegia	Oct 14 1932

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) J. B. Barger, M. D.

(Address) 162 N. Broadway

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