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.

11478

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St Louis (No. 2612 S Broadway St. ..... Ward)

File No. .....

Registered No. 2552

2. FULL NAME Joseph Feydt

(a) Residence No. 2612 S Broadway St., 23 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: Male

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: Annie Feydt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8 - 1862

7. AGE: YEARS 70 MONTHS 9 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 3 yrs

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

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): St Louis Mo

FATHER

13. NAME: Louis Feydt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Annie Feydt 2612 S Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE: New S.S. Peter & Paul DATE: March 18, 1933

19. UNDERTAKER (ADDRESS): Wackey Heldule 233 So Broadway

20. FILED: MAR 16 1933, 19 Max C. Hawley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1931, to March 15th, 1933

I last saw him alive on 3.15 1933. Death is said to have occurred on the date stated above, at 5:35 p.m.

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

Endocarditis - Hypertrophy — Date of onset: Years

92 B

97 92 B

Other contributory causes of importance: Arteriosclerosis

9

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

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

Accident, suicide, or homicide? no 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) A. H. Hamel, M. D.

(Address) 1460 So Grand St Louis Mo