

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 4151² Cleveland Ave St. (Ward)

File No. 24617
Registered No. 6011

2. FULL NAME

Amelia Feuerborn
(a) Residence, No. 4151² Cleveland Ave St. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

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

FATHER 13. NAME Gail Mundt

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

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Fred H. Obermeyer
4151² Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Bud Ills. DATE July 11, 1933

19. UNDERTAKER (ADDRESS) H. J. Leidner and Co
1417¹ Market St

20. FILED JUL 10 1933 J. E. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to July 8th, 1933
Last saw her alive on July 2nd, 1933 Death is said to have occurred on the date stated above, at 8³⁰ a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage
finally underlying heart
and lung emphysema
87
Other contributory causes of importance:
Arterio-sclerosis and
especially high blood
pressure

Name of operation..... Date of.....
What test confirmed diagnosis head X-rays where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury above
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 same
Nature of injury same

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. E. Bredeck, M. D.
(Address) 5015 Olive Ave.

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.

