

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.

MAY 25 1934

**791
1003**

14547

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis 500 S. Kings highway St. Louis Children's Hospital (Ward)

File No.
Registered No. 3730

2. FULL NAME Frank Feicht

(a) Residence, No. 4263 Juniata St., 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-27

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>7</u>	<u>1</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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.

13. NAME Frank Feicht

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

15. MAIDEN NAME Mildred Pudowitz

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

17. INFORMANT J. McIlwain
(ADDRESS) 500 S. Kings highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 16 1934

19. UNDERTAKER E. J. Schmur
(ADDRESS) 3125 Lafayette av.

20. FILED 5-1-34 19.....
J. H. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-34 19.....

22. I HEREBY CERTIFY, That I attended deceased from 3-26-34, 19....., to 4-13-34, 19.....
I last saw him alive on 4-13-34, 19..... Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:

Meningitis, Strab.
Scarlet Fever
Otitis Media, Bilateral
Date of onset 3-22-34

Other contributory causes of importance:
Scarlet Fever
Otitis Media, Bilateral
Name of operation..... 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?
If so, specify.....
(Signed) E. J. Shasacock M. D.
(Address) St. Louis Children's Hospital

