

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

Do not use this space.

31435

1. PLACE OF DEATH

County.....**SEP 13 1934**..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **City Hospital # 1**)..... St. Ward.....

2. FULL NAME **Willard C.C.B. FELD**

(a) Residence, No. **6000 Suburban Ave.**, St. **5** 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 Elizabeth Meller Feld		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21		
7. AGE YEARS abt. 68	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Res. earch worker		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mediacl 2101		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Colorado**

13. NAME **Joseph Feld**

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

15. MAIDEN NAME **Theodosia Barnes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Utica N.Y.**

17. INFORMANT (ADDRESS) **Meller Feld, 6000 Suburban Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crem.**, DATE **Sept 1st 1934**

19. UNDERTAKER (ADDRESS) **Alexander and Son, 6175 Delmar Blvd.**

20. FILED: **J. Brebeck** Registrar. **SEP 13 1934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 30, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at **1:20 P.M.**
 The principal cause of death and related causes of importance were as follows:

Shocks & injuries from fall from a car, contusions of right shoulder, fractured humerus by street car at intersection of... at about 8:23 P.M.

No automobile involved
Accident
 Name of operation... **Accident** Date of...
 What test confirmed diagnosis?... Was there an autopsy? **Yes**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of injury **8/26, 1934**
 Where did injury occur? **St. Louis** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury... **Met by street car**
 Nature of injury... **fractured humerus**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify...
 (Signed) **Herbert C. [Signature]**
 (Address) **St. Louis**

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.

