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.

DEC 1 3 1934

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

Do not use this space.

40863

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 10807

City St. Louis (No. 4659 Moraine Ave. St. ..... Ward)

2. FULL NAME Clara E. Feutz

(a) Residence, No. 4659 Moraine Ave St., 9 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: Female
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: Albert G. Feutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18th 1869

7. AGE: YEARS 65 MONTHS 5 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME: Jacob Zimmermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Bohn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Albert G. Feutz 4659 Moraine Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Johns DATE Nov. 12th 1934

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 1417 N. Market St

20. FILED NOV 12 1934 J. L. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Nov 9, 1934

I last saw her alive on Nov 9, 1934 Death is said to have occurred on the date stated above, at 3:45 A.m.

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

	Date of onset
Chronic Myocarditis	1/2/33
131	
93	
131	

Other contributory causes of importance:

Chronic Nephritis	1/2/33

Name of operation: None Date of .....

What test confirmed diagnosis? Usual fine days Was there an autopsy? No

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

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

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

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

Manner of injury X

Nature of injury X

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

If so, specify No

(Signed) Dr William T Hirschi, M. D.

(Address) 3500 N Grand