MAY 7

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

Do not use this space.

16856

791

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File No.

Registered No. 3580

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4207 Kossuth Ave. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Henrietta Feldmueller

(a) Residence, No. 4207 Kossuth Ave. St. 10 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry R. Feldmueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 21, 1845

7. AGE: YEARS 90 MONTHS 7 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Germany

FATHER

13. NAME: Kiegeland

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): John Koeller 4207 Kossuth Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Apr. 4, 1936

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Av.

20. FILED APR 2 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to Apl. 1st, 1936

I last saw her alive on March 31, 1936 Death is said to have occurred on the date stated above, at 1:00 A.m.

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

Arterio Sclerosis — Date of onset about 10 yrs.

Other contributory causes of importance:

Anaemia & Senility

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? 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) J. W. Conzelman, M. D.

(Address) 5043 Vernon Ave

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.