

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.

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

35731
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **4300 Hodimont Ave.** St. **9308**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Feigenbutz**
 (a) Residence, No. **4300 Hodimont Ave.** St. **7**
 (Usual place of abode, if no street address, write county or city) (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) Widow	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Feigenbutz			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22-1864.			
7. AGE 73	YEARS	MONTHS 5	DAYS 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home			
9. Industry or business in which work was done, as 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) St. Louis, Missouri			
13. NAME Frank Friedrich			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
15. MAIDEN NAME Unknown			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Tillie Hinkley (ADDRESS) 2909 Greer Ave.			
18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE Oct. 5th. 19 37			
19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2331 S. Broadway			
20. F. OCT 5 1937 J. P. Bredeck Local Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 19 37	
22. I HEREBY CERTIFY, That I attended deceased from Sept 8 19 37 to Oct 2 19 37 I last saw him alive on Oct 1 19 37 . Death is said to have occurred on the date stated above, at 3:15 pm. The principal cause of death and related causes of importance were as follows: Myocarditis chronic Date of onset	
Other contributory causes of importance: PM	
Name of operation	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? Date of injury, 19 37 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? No If so, specify Work (Signed) W. P. Bush M. D. (Address) 2146 So Grand St	

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L: E. _____

No. 2645 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)