

DEC 13 1937

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

29871
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 100
(b) Township..... Primary Registration District No. 10658
(c) City St. Louis. (d) Street No. St. Anthony Hospital St.
(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 Frances Felder

(a) Residence, No. 4023 Walsh St. St. 15
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1874.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 27

OCCUPATION
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 (year) spent in this occupation..... 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER
15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Nary Felder
(ADDRESS) 4023 Walsh.

18. BURIAL, CREMATION, OR REMOVAL
New St. Marcus Cem. DATE Nov. 19, 1937.

19. FUNERAL DIRECTOR J. N. Becken L & Co.
(ADDRESS) 2842 Meramec St.

20. FILED NOV 17 1937
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/24 1937 to 11-16 1937
I last saw h. el alive on 11/16 1937 Death is said to have occurred on the date stated above, at 11 4 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure Date of onset 11/2/37
7 type stroke (cerebral)
(post-operative) 11/2/37

Other contributory causes of importance:
Barium enema of Procti
radical
Asymptomatic
Name of operation..... Date of 10/26/37
What test confirmed diagnosis Procti 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) R. H. G. M. D.
(Address) 3918 S. Grand St.

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.

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STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken....., Licensed Embalmer No. 2120

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

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)