DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No. 42303
Township St. Charles — Primary Registration District No. 3036 — Registered No. 193
City St. Charles (No. 412, Jackson St. 1st Ward)

2. FULL NAME Emma Louise Feldmann
(a) Residence, No. 412 Jackson St., 1st Ward. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. 3 mos. 10 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: ~~Husband of~~ Wife of Herman William Feldmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 17 - 1872

7. AGE: YEARS 65 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work
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): Nov. 6, 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo.

FATHER
13. NAME: Herman Beumer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

MOTHER
15. MAIDEN NAME: don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

17. INFORMANT (ADDRESS): Wm. H. Feldmann, 412 Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John's Cemetery DATE Nov. 26, 1937

19. UNDERTAKER (ADDRESS): Steinbrinkers, 305 N. Main

20. FILED Nov. 26, 1937 Clarence G. Wessler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov - 17, 1937, to Nov - 22, 1937
I last saw her alive on Nov - 22, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Nov 17 1937

Other contributory causes of importance: Asthma

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) T. L. Hardin, M. D.
(Address) St. Charles, Mo.

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.