

REC'D SEP 12 1938

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

27551
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No.
(c) City **St. Louis** (d) Street No. **1705a So. 11th.** St. **26.0**
(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 **Franziska Feicker**

(a) Residence, No. **1705a So. 11th.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Christian Feicker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 17, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **Czechoslovakia**

FATHER 13. NAME **William Vavrik**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **I Evans**
(ADDRESS) **721 Locust, St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker** DATE **8/26/38** 19

19. FUNERAL DIRECTOR (NAME) **Wm. C. Moydell**
(ADDRESS) **1926 Allen, Av.**

20. FILED **AUG 25 1938** **J. F. Budek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-23-38** 19**38**

22. I HEREBY CERTIFY, that I attended deceased from **February 8** 19**36**, to **August 17** 19**38**
I last saw him alive on **August 17, 1938** Death is said to have occurred on the date stated above, at **10. A. M.**
The principal cause of death and related causes of importance were as follows:

Chronic Pericarditis
Chronic Endocarditis
Rheumatism Arterial Chronic
Date of onset

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 **Henry C. Pipher Ph. S.** M. D.
(Signed) **14126 S. Grand St.** (Address)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Ben C. Duncan

Licensed Embalmer No. 3272

P. O. Address 1944 Allen

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.)

If this body is not embalmed, above space should be left blank.