NOV 1 - 1938

REG'D NOV 4 1938

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

36770
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township Primary Registration District No. 101 Registered No. 1783
(c) City Clayton. (d) Street No. 7732 Country Club Court. 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.
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2. PRINT FULL NAME Mary Feldman.
(a) Residence, No. 7732 Country Club Court. St.
(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 Herbert A. Feldman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1867

7. AGE: Years 71 | Months 2 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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 (years) spent in this occupation

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

FATHER
13. NAME William Pickel/
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Elizabeth Brennan.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. William J. Krummel
(ADDRESS) 7732 Country Club Court.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 2, 1938.

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED NOV 1 - 1938 G. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 8, 1938, to Oct. 29, 1938
I last saw her alive on Oct. 29, 1938. Death is said to have occurred on the date stated above, at 10 15/60 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Vascular Hypertension	Many years ago
Hypertensive Heart Disease	
Ch. Interstitial Nephritis	
Other contributory causes of importance: Uremia	10/22/38
Heart failure	" "

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No
If so, specify .....
(Signed) James Hy Cunningham, M. D.
(Address) 4447 N. Euclid Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

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