

1939

REC'D MAR 8 1939

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

7803

Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
(b) Township Primary Registration District No. 202 Registered No. 993
(c) City or Pine Lawn / (d) Street No. 6225 Greer Ave. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WILLIAM FELDT

(a) Residence, No. 6225 Greer Ave. St. (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 MALE 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 ANTONIA FELDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 I 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER
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) GERMANY13. NAME UNKNOWN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT Mrs Joseph Hoffman
(ADDRESS) 6225 Greer Ave St. Louis18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Cemetery DATE March 6 193919. FUNERAL DIRECTOR (NAME) MULLEN BROS
(ADDRESS) 4259 Lindell Ave20. FILED MAR 5 1939 Dr. Meigen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 193922. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to Feb 1 1939I last saw him alive on Feb 1 1939. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of m.

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) Dr. Meigen, M. D.(Address) 174 Rockwood Ave

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.

1104
CC.H.S.

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 Howard F. Rowland.
Licensed Embalmer No. 3114
P. O. Address St Louis Mo

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

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