

REC'D MAY 22 1938

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

16032
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 780
(b) Township St. Ann Primary Registration District No. 6025
(c) City (d) Street No. Registered No. 23
(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 ALBERT FEAMAN
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 25 1872
- | | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>67</u> | <u>0</u> | <u>27</u> | |

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) ILLINOIS

- FATHER 13. NAME CHARLES A. FEAMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

- MOTHER 15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT (ADDRESS) Juguet Brackley
St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's DATE April 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. C. Baxby
St. Louis, Mo

20. FILED Apr 23 1938 T. W. Douglas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21 1938 to April 22 1938
I last saw h. i. n. alive on April 2 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Ruptured aorta - fractured
aorta - fractured during
Harold by a Bull
Date of onset 4/21/38

Other contributory causes of importance:

Internal hemorrhage (abdominal) 4/21/38

Name of operation None 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 Accident Date of injury 4/21 1938
Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home
Manner of injury Harold by a Bull
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. L. Lanning, M. D.

706 (Address) St. Louis, Mo

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,

H. C. Butler

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

H. C. Butler

Licensed Embalmer No.

1985

P. O. Address.....

St. Lawrence Mo.

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.