

20882

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

JUL 12 1939

STANDARD CERTIFICATE OF DEATH

State File No. _____

5726

Registration District No. _____

1008

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
3519 Blair Ave. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days3. (a) PRINT FULL NAME ANNA MARIE FELDMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John Feldmeier 6. (c) Age of husband or wife if alive 80 years7. Birth date of deceased March 15, 1863
(Month) (Day) (Year)8. AGE: Years 76 Months 3 Days 12 If less than one day _____
hr. min.9. Birthplace Forissant Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Nick
 13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lena Feldmeier(b) Address 3519 Blair Ave.17. (a) Burial (b) Date thereof 6/29/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director M. J. Stork(b) Address 2117 E. Grand Blvd.19. (a) JUN 28 1939 (b) J. B. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 126
(If outside city or town limits, write "RURAL")
3519 Blair Ave.
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1939 hour 12 minute 45 A.M.21. I hereby certify that I attended the deceased from Mar
1938, to June 27, 1939
 that I last saw her alive on June 26, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic myocarditis 3 yrs
& myocardial inf.

Due to _____

Due to Diabetes MellitusOther conditions
(include pregnancy within 3 months of death)Major findings:
 Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1 (Specify type of place) (e) Means of injury _____23. Signature Jos. Kessler (M. D. or other) _____Address 3519 Blair Ave. Date signed June 27

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.....

Geo F Schubert, Registered Apprentice No.....
working under my personal supervision.

Signed *Geo F Schubert*

Licensed Embalmer No. *2212*

P. O. Address *5118 1/2 N. Kingshighway*

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.