

1939 JUL 18 1939

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

22970  
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689  
 (b) Township ~~Lebanon~~ Primary Registration District No. 2033 Registered No. \_\_\_\_\_  
 (c) City Lebanon (d) Street No. Pike County Hospital 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. 3 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

THOMAS MICHAEL FELDMANN  
 (a) Residence, No. Ashley Mo St.  Ashley Mo  
 (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 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) NOV 28 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 6 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) PIKE Co, MO

13. NAME Christian Feldmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, Mo

15. MAIDEN NAME Ruth Keeley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph, Mo

17. INFORMANT Mrs Ruth Feldmann  
 (ADDRESS) Ashley Mo

18. BURIAL, CREMATION, OR REMOVAL St. Calomnys Mo DATE June 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grand Burial  
1300 W. 13th St. Mo

20. FILED 6/8 1939 Lebanon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-39

22. I HEREBY CERTIFY, That I attended deceased from 6-4-39 to 6-9-39

I last saw him alive on 6-9-39, 1939. Death is said to have occurred on the date stated above, at 335 m.

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

Ileo-Cecitis (acute)

Other contributory causes of importance: Thrombosis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? EC 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 \_\_\_\_\_, 1939

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 None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) John H. ... M.D.

620 (Address) Lebanon Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

84  
519

RECEIVED

District Health Officer No. 10

Office File Number 7-39-1232

Date Filed JUL 13 1939

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, .....

Grace Bankhead ....., or by .....

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

Signed Grace Bankhead .....

Licensed Embalmer No. 2204 .....

P. O. Address Bowling Green 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.