DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31 316

State File No. 8379

Registration District No. 791 — OCT 14 1939

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003

(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: 1217 Carroll St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 85 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 23

(d) Street No. 1217 Carroll St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emma Feldtrapp 436

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Adolph

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 10, 1849 (Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknwon
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert Hurlebaus

(b) Address 1215 Carroll St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/39 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) SEP 30 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 28 day year 1939 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from July 1st, 1939, to Sept 28, 1939; that I last saw her alive on Sept 28, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

Due to

Due to

Other 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. T. Gaudon (M. D. or other)

Address 3115 S. Grand Date signed 9/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.