

MAY 15 1940  
Registration District No. 799

Primary Registration District No. 4479

State File No.

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Slater, Mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
In this community 50 years

8. (a) PRINT FULL NAME

Louis Feis

3. (b) If veteran, name war

8. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 29 - 1864

8. AGE:

Years 75 Months 11 Days 27 hr. min.

9. Birthplace

Southern Germany

10. Usual occupation

Retired merchant

11. Industry or business

12. Name

Don't know

13. Birthplace

Don't know

14. Maiden name

Don't know

15. Birthplace

Don't know

16. (a) Informant

Chas Louis Feis

(b) Address

Slater Mo

17. (a)

Chicago (b) Date thereof April 29 - 40

(c) Place: burial or cremation

Chicago

18. (a) Signature of funeral director

Wm. P. Duggins

(b) Address

Slater Mo

19. (a)

April 27 (b) W. W. Little (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline  
(c) City or town Slater  
(d) Street No. Walnut Street  
(e) If foreign born, how long in U. S. A. Fifty five years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1940 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 1939 to April - 26, 1940  
that I last saw him alive on April - 25 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
arterio-sclerosis

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury

23. Signature W. P. Duggins (M.D. or other)  
Address Slater Mo Date signed 4-26-40

Duration

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-13-40

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

Licensed Embalmer No.

P. O. Address

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.