

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24642

Registration District No. 85

Primary Registration District No. 1001

State File No. _____

Registrar's No. 765

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1701 Sacramento
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 51 years.
years, months or days

3. (a) PRINT FULL NAME Catherine Feiden 350
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 7
If less than one day hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business b

MOTHER FATHER
12. Name Peter Feiden
13. Birthplace Unknown Germany b
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Martiny
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna McGovern

(b) Address 1701 Sacramento St., St. Joseph, Mo.
Burial (b) Date thereof July 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H.C. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) July 17, 1940 (b) AS Nettlesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 1701 Sacramento
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 61 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 30
1940 to July 16, 1940
that I last saw her alive on July 16 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage (Pr.) 10 days
Duration

Due to arterial Hypertension years
Due to _____

Other conditions
(Include pregnancy within 3 months of death) gfb

Major findings:
Of operations _____
Of autopsy _____
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?
85

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Charlotte (M. D. or other) Ms

Address 26 K. K. Spatrick Date signed 7/17/40

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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.