

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36310

State/File No.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1964

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 32 Brentmoor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life time (Specify whether years, months or days)

8. (a) PRINT FULL NAME Anthur H. Feuerbacher

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Feuerbacher 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 9 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business

12. Name Max W. Feuerbacher

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

14. Maiden name Minna Wallenbach

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

16. (a) Informant A. H. Feuerbacher, Jr.

(b) Address 32 Brentmoor Dr.

17. (a) Burial (b) Date thereof 10/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive, St. Louis, Mo.

19. (a) OCT 17 1940 (b) DR Meyer M & Dr. D. N.
(This received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 32 Brentmoor Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1940 hour 10:45 minute am M.

21. I hereby certify that I attended the deceased from June, 1938, to Oct 16, 1940
that I last saw him alive on Oct and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to 94b

Due to

Other conditions One previous attack
(Include pregnancy within 3 months of death) in 1940.

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?

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

23. Signature Geoffrey Feldman (M. D. or other) J. M. D.

Address 634 N. 2nd Date signed Oct 16/40

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

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.....

Robert T. Sangster

....., Registered Apprentice No. 259

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis, 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.