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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 15 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40457

Registration District No. 1003 Primary Registration District No.

Registrar's No. 10228

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

1. PLACE OF DEATH:

(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: Christian Hospital /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4501 Harris Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Emily M. Feldmueller

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 None

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

7. Birth date of deceased October 27, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation At home 1

11. Industry or business 6

MOTHER FATHER

12. Name Henry C. Feldmueller 1

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Kiegeland

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

16. (a) Informant Mr John Koeller

(b) Address 4501 Harris Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 12 1940 (Date received local registrar) (b) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11, year 1940 hour 10:00 AM minute M.

21. I hereby certify that I attended the deceased from Dec 9, 1940 to Dec 11, 1940 that I last saw he alive on Dec 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	
Hemiplegia caused	
Due to by cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury /

23. Signature H A Uhlemeyer (M. D. or other) M.D.

Address 1511 E Broadway Date signed 12/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.