

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12971**
Registrar's No. **3401**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(City Hospital #.1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000-13**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **City Infirmary**
(If rural, give location)
No attending Physician
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Ruth Ellen Feld**

3. (b) If veteran, name war..... 3. (c) Social Security No. **Nil**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frederick Wm. Feld** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **February 2, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 18 hr. min.

9. Birthplace **Green County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name **Samuel Supple**
13. Birthplace **Unknown Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Casper A. Feld**

(b) Address **3861 St. Louis Avenue.**

17. (a) **Removal** (b) Date thereof **4/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Castle Indians**

18. (a) Signature of funeral director **Albert H. Hoppe Inc**
(b) Address **4700 Washington Blvd.**

19. (a) **APR 21 1941** (b) **J. W. Bredeck**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20th**
year **1941** hour **3:10** minute **a.m.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**

Due to.....
Due to..... **107**

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?

While at work?..... (Specify type of place) (a) Means of injury..... **3**

23. Signature **Thomas F. Callens** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **4/21/41**

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

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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..... *Albert H. Hays*

Licensed Embalmer No..... *1861*

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, fact should be so stated above.