

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D JUN 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18851

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 87

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Glennon E Feltmann

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male
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 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day One hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin Feltmann
13. Birthplace Goldhaus Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marian Ottens
15. Birthplace Robertsville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Feltmann
(b) Address Rt #2 St Charles Mo

17. (a) Burial (b) Date thereof May 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation (St Mary's) Mearle Mo.

18. (a) Signature of funeral director Perkins
(b) Address 326 No 6th St.

19. (a) 5-7-41 (b) Clarence P. Meador
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St Charles Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Birth
May 6, 19____, to May 6, 1941;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Placenta Praevia

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? _____
(City or town) (County) (State)

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

23. Signature Nevant or Lehwite (M. D. or other) MD
Address St Charles Mo Date signed 5/7/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur C. Kane

Licensed Embalmer No.....

3154

P. O. Address.....

St Charles 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, fact should be so stated above.