

Registration District No. *784*

Primary Registration District No. *202*

Registrar's No. *1330*

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
121 Weiss ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 56 yrs. (Specify whether years, months or days)  
In this community 56 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 Weiss ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Feickert

3. (b) If veteran, name war None 3. (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 Maggie 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased June 11 1849  
(Month) (Day) (Year)

8. AGE: Years 92 Months 0 Days 13  
If less than one day hr. min.

9. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)  
Contractor

10. Usual occupation \_\_\_\_\_

11. Industry or business Self

12. Name Charles Feickert

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Charles Feickert

(b) Address 121 Weiss ave. Lemay, Mo.

17. (a) Burial (b) Date thereof June 27, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Pauls Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address 7814 S. Broadway

19. (a) JUN 26 1941 (b) W. J. ...  
(Date of filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1941 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 18 1941 to June 24 1941  
that I last saw him alive on June 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis  
Prostate 66 y postop Duration 10 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1318  
(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 A. W. Peters (M. D. or other) 0

Address 414 S. 5th Date signed \_\_\_\_\_

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

MOTHER FATHER

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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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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

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