

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1450

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1031 Sells ave.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 14 yrs. (Specify whether years, months or days)
In this community 14 yrs.

3. (a) PRINT FULL NAME Henry O. Feldman

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. None

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 Unknown
(Month) (Day) (Year)

8. AGE: Years About 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William Meyer

(b) Address 1031 Sells ave.

17. (a) Burial (b) Date thereof Feb. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chiffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) FEB 16 1942 (b) J. T. Brodeck
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1031 Sells ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? nc years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 13
1942 to Feb 14 1942
that I last saw him alive on Feb 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral haemorrhage (apoplexy) Duration 1 day

Due to _____

Due to _____

Other conditions None
(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) (e) Means of injury _____

23. Signature George A. Mueller (M. D. or other)

Address 2584 N 14 Date signed Feb 14 42

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..... *Louis C. Hoffmeister*

Licensed Embalmer No..... 3871

P. O. Address..... 7814 S. Broadway

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.