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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8527

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2924

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:
2346 Albion Place
(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 23 000 17

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

(d) Street No. 2346 Albion Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Margaret Feager

3. (b) If veteran, name war *******

3. (c) Social Security No. *******

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife *** ***

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

7. Birth date of deceased November 2 1856
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	4	29	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Casper Klute
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Gerber
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Orlando Feager
(b) Address 2346 Albion Place

17. (a) Burial (b) Date thereof April 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter and Paul

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) APR 1 1942 (b) [signature] Bledsoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day March
year 1942 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from July, 1940, to Mch 31, 1942
that I last saw her alive on Mch 31st 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Alcus Rotundum of stomach	2 yrs
Due to: Arteriosclerosis	
Due to:	
Other conditions: Relaxation of stomach (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 B. Shanklin 0
(M.D. or other)
Address 1514 S. Jefferson Av Date signed 4/1/42

(Licensed Embalmer's Statement on Reverse Side)

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

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17
9

Dr. B. Shanklin
1514 S. Jefferson
Bx. 9757

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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.