DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18841

State File No. .....

Registration District No. 960A

Primary Registration District No. 4455

Registrar's No. .....

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

1. PLACE OF DEATH

(a) County St Charles

(b) City or town Wentzville Twn.

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 20 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92

(c) City or town Wentzville Mo 0

(If outside city or town limits, write "RURAL")

(d) Street No. .....

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Frank Theodore Feldewert

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Florida Feldewert

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 6 (Day) 1873 (Year)

8. AGE: Years 69 | Months — | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Scribner Nebraska (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

MOTHER
14. Maiden name Philomene Schegman
15. Birthplace Johnstown Pa. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Florida Feldewert

(b) Address Wentzville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16 (Month) (Day) (Year)

(c) Place: burial or cremation Flint Hill Mo

18. (a) Signature of funeral director F. Pitman

(b) Address Wentzville Mo

19. (a) 4-30-42 (Date received local registrar) (b) Gertrude S. Faristell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13th year 1942 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 1941 to Apr 13th 1942 that I last saw him alive on Apr 13th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer ✓

Due to Cirrhosis of Liver

Due to Alcoholism

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy No

Duration

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (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 — 0

23. Signature E. B. Kennel (M. D. or other)

Address Wentzville Mo Date signed 4-17-42

681 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2711

P. O. Address Wentzville Mo.

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.

. S. No. 2B
DM—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 18841

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St. Charles
(c) City or town: Wentzville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Frank T. Feldewert
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Mary A.
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Apr (Month) 10 (Day) 1873 (Year)

8. AGE: Years 69 Months — Days — If less than one day: hr. ..... min.

9. Birthplace: Wentzville (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: —
MOTHER FATHER
12. Name: —
13. Birthplace: — (City, town, or county) ..... (State or foreign country)
14. Maiden name: —
15. Birthplace: — (City, town, or county) ..... (State or foreign country)
16. (a) Informant: Mary A. Feldewert
(b) Address: Wentzville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 18 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Flint Hill
18. (a) Signature of funeral director: T. E. Pittman
(b) Address: Wentzville Mo
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr day: 13 year: 1942 hour: 4 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Feb 10 1942 to Apr 13 1942 that I last saw him alive on Apr 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer	
Due to: Cirrhosis of Liver	
Due to: Alcoholism	
Other conditions (Include pregnancy within 3 months of death): X Ray showed metastatic Cancer of pelvic bones	

Major findings:
Of operations: —
Of autopsy: No

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: Edwin B. Kennard (M. D. or other)
Address: Wentzville Mo. Date signed: 8/15/42

SUPPLEMENTARY