

No. 2  
1-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18868

State File No. ....

Registrar's No. 86.

LED JUN 10 1943

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Louis

(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's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 1032 Madison Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Feldmann

3. (b) If veteran, name war None

3. (c) Social Security No. 492-09-8355

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th  
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/18 1943 to 5/9 1943  
that I last saw him alive on 5/7 1943  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Schneider

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 20, 1876  
(Month) (Day) (Year)

Immediate cause of death  
Brain failure  
acute & extensive arteriosclerosis  
Duration ? 5d.

Due to Carcinoma of prostate  
with metastasis to bone & regional nodes.  
Duration ? 2 mo.

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

8. AGE: Years Months Days If less than one day  
66 11 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: as above

Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Foreman

11. Industry or business Car Manufacturing

12. Name Frank Feldmann

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

14. Maiden name Katherine Schone

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

16. (a) Informant Francis Feldmann

(b) Address St. Charles Mo

17. (a) Burial (b) Date thereof May 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Haackmann - Baul

(b) Address 376 N. 6th St., St. Charles Mo.

19. (a) 5/13/43 (b) Conrad E. Pauls  
(Date received local registrar) (Registrar's signature)

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 R. Hayden (M. D. or other) \_\_\_\_\_  
Address St. Charles Date signed Mo.

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

MOTHER FATHER

1340

(Licensed Embalmer's Statement on Reverse Side)

0706 21 1016

---

---

**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. Bone* .....

Licensed Embalmer No. *3158* .....

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.**