

V. S. No. 2  
00M-2-43  
Revised 5-17-39  
I X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29910  
State File No. \_\_\_\_\_  
Registrar's No. 8124

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4378a Chouteau /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Theodore C. Feigenspan  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. September 1, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. Retired

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name George Feigenspan  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Freidel  
15. Birthplace ? 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Feigenspan  
(b) Address 4378a Chouteau

17. (a) Burial (b) Date thereof 9/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany  
18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 13 1943 (b) J. Freidel  
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 918  
(d) Street No. 4378a Chouteau  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1943 hour 7.30 P.M. minute \_\_\_\_\_ M  
21. I hereby certify that I attended the deceased from Sept 10 1943  
\_\_\_\_\_ 19\_\_\_\_ to Sept 10 1943  
that I last saw him alive on 9/10/43 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 92  
Other conditions \_\_\_\_\_  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature M. C. [Signature] (Date signed 9/14/43)  
Address 40300 Manchester

**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.....

*Flora Eynck*

Licensed Embalmer No. *1284*

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..**