

Registration District No. **116**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital  
(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 Franklin

(c) City or town Villa Ridge  
(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 Walter Frederick Feldmann

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1943 hour 4 minute 30 M.

4. Sex male Color or race white

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 16 43  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 16, 1943, to Oct 17, 1943 that I last saw him alive on Oct 17, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 1/2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Congenital Atelectasis

Due to Pneumonia

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

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Anthony Augustus Feldmann

13. Birthplace Villa Ridge Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Magdalene Franzen

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

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? \_\_\_\_\_

16. (a) Informant Anthony A. Feldmann

(b) Address Villa Ridge Mo

17. (a) Burial (b) Date thereof 10/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Ridge Mo

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Frank J. Wags (M. D. or other) M.D.  
Address 311 1/2 W. Washington Date signed 10-17-43

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

(b) Address Washington Mo

19. (a) Oct 17/43 (b) Lucille Ruthie Brock  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1181

770

**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 *me*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*G. M. Wilbur*

Licensed Embalmer No.

*2387*

P. O. Address

*Washington 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.**