S. No. 2
OM—2-43
v. 5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12761 4024

FILED MAY 15 1944

Registration District No. 318 — Primary Registration District No. 1005 — Registrar's No.

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: residence-4054 Garfield Avenue
(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 000 17
(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")
(d) Street No. 4054 Garfield Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISA FEB

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Herman Feb

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January (Month) 8 (Day) 1870 (Year)

8. AGE: Years 74 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Worden (City, town, or county) Illinois (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Jacob Dornseif

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

14. Maiden name Sophia unknown

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

16. (a) Informant Mr. Herman Feb
(b) Address 4054 Garfield Avenue, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 2, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) MAY 1 1944 (Date received local registrar) (b) J. T. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1944 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 15th 1943 to April 29th 1944 that I last saw her alive on April 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure	
Due to Anemia	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 4/29/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. D. Vosburgh
1375a Arlington Avenue,
FO-0145

4024

4024

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 Bradford A Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.