

FILED AUG 13 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6946**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 Days**
(Specify whether years, months or days)
 In this community **58 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL") **926**
 (d) Street No. **2700 N. 9th. St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **George Feldkamp**

3. (b) If veteran, name war **yes** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **separated**

6. (b) Name of husband or wife **Anna Feldkamp** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **January 23 1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **12** If less than one day
hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Manager**

11. Industry or business _____

12. Name **Henry Feldkamp**
 13. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Otto**
 15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Feldkamp**
 (b) Address **2700 N. 9th. St.**

17. (a) **Burial** (b) Date thereof **8-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
 (b) Address **2223 St. Louis Ave.**

19. (a) **AUG 9 1944** (b) Registrar's signature **J. F. Bruden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5th.**
 year **1944** hour **9:55** minute **PM.** M.

21. I hereby certify that I attended the deceased from **Nov. 8, 1943** to **Aug 5 1944**
 that I last saw him alive on **Aug 5 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized carcinomatous metastasis**
 Duration _____

Due to **Carcinoma of the urinary bladder**

Due to _____
 Other conditions **BP**
(Include pregnancy within 3 months of death)

Major findings: Of operations **as above**
 Of autopsy _____
 PHYSICIAN _____

22. If death was due to external causes, fill in the following:
 (c) 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 **0**
 Signature **Robert F. Melley** (M. D. or other) _____
 Address **634 No. Grand Ave** Date signed **Aug 8 1944**

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

MOTHER FATHER

8617

44

Mo. Sta. - 12-2

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..... *John P. Bueckholz*
Licensed Embalmer No. *1674*
P. O. Address... *2223 ST. LOUIS AVE*

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.