

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUL 26 1944

 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22978

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6316

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:
2322 S. Compton Ave.
 (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)

 3. (a) PRINT FULL NAME Louisa Feydt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Julius 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: October 4 1856
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

 9. Birthplace Eureka Missouri
 (City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____

12. Name Louis Horneker
 13. Birthplace France
 (City, town, or county) (State or foreign country)

 14. Maiden name Mary Mueller
 (City, town, or county) (State or foreign country)

 15. Birthplace Schwitzerland
 (City, town, or county) (State or foreign country)
16. (a) Informant Fred Feydt(b) Address 2322a S. Compton Ave.
 17. (a) Burial (b) Date thereof July 18, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter's Paul Cem.(a) Signature of funeral director John H. Gebken Sons(b) Address 2630 Gravois Ave.19. (a) JUL 17 1944 (Date received local registrar)
 (b) J. F. Budek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2322 S. Compton Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month July day 15
 year 1944 hour 12 minute P M.

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

Immediate cause of death _____ Duration _____

Apoplexy
J. F. Budek

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Berg (M. D. or other) _____Address 2253 Nebraska Date signed 7/17/44

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 Robert F. Ebbesen
Licensed Embalmer No. 4144
P. O. Address 2630 Gravois 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.