V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1944

Registration District No. 818

Primary Registration District No. 1003

State File No. 32268

Registrar's No. 8690

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

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: Missouri Baptist 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 Mo. (b) County

(c) City or town St. louis (If outside city or town limits, write "RURAL")

(d) Street No. 4415 Margaretta (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William ~~Feldman~~ Feldmeier

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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 Sept. (Month) 13 (Day) 1944 (Year)

8. AGE: Years --- Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

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

14. Maiden name Audrey ~~Feldman~~ Feldmeier

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

16. (a) Informant Mrs. Hoover

(b) Address Children Home Socity of Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 13 44 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1944 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2 weeks, 19, to, 19; that I last saw him alive on 10/12/44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Entero-enteritis Pylorus spasm

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 3 days since birth

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 (M. D. or other)

Address 3730 Washington Date signed 10/13/44

(Licensed Embalmer's Statement on Reverse Side)

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.

Not embalmed

Signed Elliot R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 8690

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194..., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for William Feldmeier died Oct. 13th, 1944, in the State of
Missouri, and which was filed at St. Louis, Mo. on 10-13-44, should be corrected as follows:

Item No. 3a should read William Feldmeier
Instead of William Feldman

Item No. 14 should read Audrey Feldmeier
Instead of Audrey Feldman

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Elmer C. Drehmann Pres.
Relationship.
Drehmann Harral Und. Co.
Present Address.

Subscribed and sworn to before me this 1 day of Nov., 1944

My Commission expires My Commission Expires March 4, 1945 Eva C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36329