

FILED DEC 15 1944
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4961 Harney 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

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. 4961 Harney Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Feldhaus

3. (b) If veteran, name war
3. (c) Social Security No. 497 01 2063

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Koehr Feldhaus 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Oct 24 1912
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 10 hr. min.

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

10. Usual occupation Boilermaker

11. Industry or business

12. Name Frank Feldhaus 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Brunner

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

16. (a) Informant Elsie Feldhaus

(b) Address 4961 Harney Ave

17. (a) Burial (b) Date thereof Dec 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) DEC 5 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1944 hour 8 minute 25 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him 1M alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Endocarditis

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

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury
23. Signature John E. Hughes (M. D. or other)
Address Reg Cor Date signed 12/5/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Ey Wilkinson*
Licensed Embalmer No. *3575*

P. O. Address.....

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.

5111