

FILED NOV 30 1944

State File No. _____

9800

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5826a Theodosiat.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES FELTMAN.

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Alice Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 1 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Packer

11. Industry or business Ely-Walker Dry Goods Co;

12. Name Chas. Feltman
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Apple
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Nov 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) NOV 19 1944 (b) J. T. Priddy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th; year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from June 20th; 19 44 to November 18, 19 44 that I last saw him alive on November 18, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death degenerative heart disease Duration _____

Due to _____

Due to _____

Other conditions senility
(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) (e) Means of injury 0

23. Signature W. Maxwell (M. D. or other) _____

Address 5800 Arsenal St. Date signed 11-18-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Agnoski*.....

Licensed Embalmer No. *3398*.....

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.