

S. No. 2
M-5-43
5-17-39
D I X36671

FILED FEB 13 1946
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

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. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cornelia Fedder**
(b) If veteran, name war **None**
(c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widow**
6. (b) Name of husband or wife **William Fedder**
6. (c) Age of husband or wife if alive **-----** years
7. Birth date of deceased **April 23, 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **7**
If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **At home**

MOTHER FATHER

11. Industry or business
12. Name **Henry Brinkmeyer**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Wilhelmina Vordenfelde**
(State or foreign country)
15. Birthplace **Cape Girardeau Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Brinkmeyer**
(b) Address **5806 W. Florissant Ave**
17. (a) **Burial** (b) Date thereof **2/4/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**
18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **FEB 4 1946** (b) **J. F. Brubaker**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5806 W. Florissant 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 **Jan.** day **30,**
year **1946** hour **10:00** minute **PM**
21. I hereby certify that I attended the deceased from **June 26, 1945**
to **Jan 30, 1946**
that I last saw **or** alive on **Jan 30, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ca. Bladder**
Duration **2 1/2 y.**

Due to **52**
Due to
Other conditions (Include pregnancy within 3 months of death)
Urinaty

Major findings: **Ca. Bladder**
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) **No**
(b) Date of occurrence **No**
(c) Where did injury occur? (City or town) (County) (State) **No**
(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 **No**
23. Signature **Otto Wilhelm** (M. D. or other)
Address **220 New Ave** Date signed **2/4/46**

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.....

Gustavo M. Ductile

Licensed Embalmer No.....

4329

P. O. Address.....

St. Louis, Mo

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.