No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10700

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 666

**1. PLACE OF DEATH:**

(a) County: St. Louis

(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10,424-Driver Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: St. Louis 91.

(c) City or town: Overland
(If outside city or town limits, write "RURAL")

(d) Street No.: 10,424 Driver Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William Feldbusch

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Wilhelmina E

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Dec. (Month) 24 (Day) 1864 (Year)

8. AGE: Years 81 Months 2 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired Carpenter

11. Industry or business: self

FATHER
12. Name: Herman Feldbusch
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: August H. Bruedde
(b) Address: 10,424-Driver Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker Cemetery

18. (a) Signature of funeral director: Baumann Bros. Fun.
(b) Address: 2504-Woodson Rd- Overland

19. (a) 3/21/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17 year 1946 hour 10 minute 45 A. M.

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

| | Duration |
|---|---|
| Immediate cause of death: Coronary Occlusion | 1 day |
| Due to: Chr. Myocarditis | 2 yr. |
| Due to: 93d | |
| 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: John O. Cornell (M. D.)
Address: 10360 Lackland Rd. Date signed 3/17/46

(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.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (14) 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.**