

S. No. 2
DM-5-43
v. 5-17-39
I X36871

FILED 1918 20 1946

Primary Registration District No. 1003

Registrar's No. 2363

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:
EnRoute To Hospital No 1 3
(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. 1722 Menard St
(If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles J Feckar

3. (b) If veteran, name war.....
3. (c) Social Security No. 492-05-2210

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Feckar
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 14 1886
(Month) (Day) (Year)

8. AGE: Years Months 22
59 8 22
If less than one day hr. min.

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

10. Usual occupation Upholsterer.

11. Industry or business.....

MOTHER FATHER {
12. Name Charles J. Feckar
13. Birthplace Pennsylvania
(City, town or county) (State or foreign country)
14. Maiden name Josephine Reisacher
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Feckar
(b) Address 1722 Menard St

17. (a) Burial (b) Date thereof March 13/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thordotis & Son
(b) Address 2006 Gravois Ave.

19. (a) MAR 11 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1946 hour 6:45 minute 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.

Immediate cause of death.....
Coronary Occlusion
Coronary Sclerosis
Due to.....
Due to.....
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?

(Specify type of place)
While at work..... (c) Means of injury.....
23. Signature Arthur E. Dunbar (M. D. or other).....
Address Ray Mo Date signed 3/11/46

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.....

Licensed Embalmer No. 3989

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.