

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **10**

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

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1. PLACE OF DEATH:

(a) County Meramec

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

(c) Name of hospital or institution State Hospital #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs - 6 days
(Specify whether years, months or days)

In this community 5 years 56 days

8. (a) PRINT FULL NAME LOUISE FELDT

8. (b) If veteran, **name war** ✓

8. (c) Social Security No. ✓

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L **6. (c) Age of husband or wife if alive** ✓ years

7. Birth date of deceased May 23 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>14</u>	hr. min.

9. Birthplace: Brigue Belgium
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Widow

13. Birthplace: Widow
(City, town, or county) (State or foreign country)

14. Maiden name: Widow

15. Birthplace: 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Hospital records

(b) Address: Meramec Mo

17. (a) Removal **(b) Date thereof:** 1 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis Mo

18. (a) Signature of funeral director: Ferry Tom Bone

(b) Address: Meramec Mo

19. (a) 1-5-47 **(b) 7 Kathryn James**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ✓ 108

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3719a Kaskaskia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Don't know years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1947 hour 7 minute ✓ M.

21. I hereby certify that I attended the deceased from 3-12-1945 to 1-5-47, 1947
that I last saw ✓ alive on 1-5-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Anemia

Due to: ✓

Due to: ✓

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings: NA

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?

23. Signature: W. Hall (M, D, or other) 11
Address Meramec Mo Date signed 1-5-47

LA-7-2

61-CT-1

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed L B Terry
Licensed Embalmer No. 1760
P. O. Address Nevada

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, above space should be left blank.