

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County... Saint Louis, Missouri.  
(b) City or town... Saint Louis, Missouri.  
(c) Name of hospital or institution: City Hospital.  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County...  
(c) City or town... Saint Louis, Missouri.  
(d) Street No. 23 2707 Russell Blvd.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Emilie Felumb.  
3. (b) If veteran, name war... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13th, year 1947, hour 3 minute A. M.

4. Sex Female/ 5. Color or race White  
6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Knud J. Felumb.  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased February 4th, 1879.

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.

8. AGE: 68 Years 3 Months 9 Days If less than one day hr. min.

Immediate cause of death  
Cerebral Hemorrhage  
Due to...  
Other conditions...  
Major findings:  
Of operations...  
Of autopsy...

9. Birthplace Altheim Missouri.  
10. Usual occupation At Home.

11. Industry or business...  
12. Name Ferdinand Zimmer.  
13. Birthplace Altheim Missouri.  
14. Maiden name Margaret Saum  
15. Birthplace Altheim Missouri.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred S. Felumb.  
(b) Address 2707 Russell Blvd.  
17. (a) Burial (b) Date thereof 5-16-47  
(c) Place: burial or cremation Valhalla Cemetery  
18. (a) Signature of funeral director Zeigenshain Bros.  
(b) Address 6409 Gravois Ave.  
19. (a) MAY 16 1947 (b) J. F. Budeck (Registrar's signature)

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 3  
23. Signature Alfred Perry (M. D. or other)  
Address... Date signed 5/13/47

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

MOTHER FATHER

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..... *Homer W. Drutz* .....

Licensed Embalmer No. *3882* .....

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.**