S. No. 2
I—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1947

Registration District No. 310

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28749

Primary Registration District No. 3058

Registrar's No. 141

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 131a North Main Street
(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 St. Charles

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

(d) Street No. 131a North Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

92
9
3
0

3. (a) PRINT FULL NAME Joseph O. McFeeters

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased January (Month) 25 (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Ottoway (Putnam Co) (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Retired

11. Industry or business Street Dept-City St.Charles

FATHER
12. Name Charles McFeeters
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Currier
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Lou McFeeters

(b) Address 131a N. Main-St.Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 23-1947 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) Aug 26 1947 (Date received local registrar) (b) Francis Hamilton (Registrar's signature) 1911

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1947 hour 3:55 minute A. M.

21. I hereby certify that I attended the deceased from Aug 20, 1947, to ....., 19....; that I last saw him alive on 20 August, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute coronary occlusion & myocardial infarction & congestive heart failure	2 days
Due to hypertension and generalized arteriosclerosis	
Due to	
Other conditions Fracture hip 8-10 yrs (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? ..... (e) Means of injury .....

23. Signature Ira L. Faith Jr. MA (M. D. or other)

Address 207 N 7th St St Charles Date signed Aug 20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed AUG 29 1947

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 John S. Demsey

Licensed Embalmer No. 4194

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.