No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32487

FILED OCT 11 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9168

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ALEXIAN BROTHERS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 HOURS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 8722 RIVERVIEW BOULEVARD 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME GUSTAV A. FELDMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LATE EMILIE J. FELDMANN

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

7. Birth date of deceased JUNE 1st, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	0	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED-CABINET MAKER

11. Industry or business

FATHER
12. Name UNKNOWN
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 MR. MELVIN W. FELDMANN
(b) Address 5460 ROSA AVENUE

17. (a) BURIAL (b) Date thereof 10-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) OCT 3 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1st
year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9.30.47 Oct 1, 1947 to Oct 1, 1947 that I last saw him alive on 9.30.47, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinomas of both lungs

Due to Ca of Colon

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Reuben M. Smith (M. D. or other) M D

Address 4145 So Grand Date signed 10/1/47

Jefferson City Printing Co. (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 John A. Mlinar

Licensed Embalmer No. 4186

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.