S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43008

Registrar's No. 12013

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3443 Humphrey,
(If not in hospital or institution, write street number or location)

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

In this community: Life,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ado

(c) City or town: St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3443 Humphrey, 9
(If rural, give location)

(e) Citizen of foreign country? No., (Yes or No) 16

If yes, name country

3. (a) PRINT FULL NAME: Mildred Frieda Feicht,

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Frank A.

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

7. Birth date of deceased: October 9, 1908 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	20	hr. min.

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

10. Usual occupation: Housewife,

11. Industry or business:

MOTHER FATHER

12. Name: Edward Pudiwitr,

13. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Emma Ruesing,

15. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Feicht,

(b) Address: 3443 Humphrey,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Resurrection Cemetery

18. (a) Signature of funeral director: Oscar J Hoffmeister

(b) Address: 4016 Chippewa,

19. (a) DEC 31 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 15, 19..., to Dec 29, 19..., that I last saw b. alive on Dec 29, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic cancer	
Generalized	3 mo
Due to	
Due to: Cancer of Breast	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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: A W Meier MD (M. D. or other) MD

Address: 3701 Broadway Date signed: 12/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

12013

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.