

FILED JAN 16 1948

State File No.

44

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis mo
 (b) City or town St Louis mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital,
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 9 hours
 (Specify whether years, months or days) 85 years

3. (a) PRINT FULL NAME

George Feverston3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex M 5. Color or
race W6. (a) Single, widowed, married,
divorced W

6. (b) Name of husband or wife

Della A6. (c) Age of husband or wife if
alive 53 years7. Birth date of deceased October 22 1871
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 2 10 hr. min.9. Birthplace Grayville Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter11. Industry or business retired12. Name Edward Feverston13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)14. Maiden name Wick
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)16. (a) Informant Norman Goehner
(b) Address 2301 Lafayette17. (a) Burial (b) Date thereof 1/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Poplar Bluff Mo18. (a) Signature of funeral director A. W. McLaughlin(b) Address 2301 Lafayette Ave19. (a) JAN 5 1948 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 925 Rutledge Street
22- (If rural, give location)
 (e) Citizen of foreign country? W (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2
year 1948 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from

JAN 13, 1941 to JAN 2, 1948that I last saw him alive on JAN 2, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Duration

24 hrs.Due to Arteriosclerotic heart disease
with decompensation and auricular
Due to fibrillationsOther conditions Diabetes mellitus and
(Include pregnancy within 3 months of death)
Lannec's cirrhosis.Major findings:
Of operationsOf autopsy As above

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 0Signature F. L. Bradley (M. D. or other)Address Barnes Hospital Date signed 1/2/48

DD

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..... *D. W. Cooper*
Licensed Embalmer No..... *3830*
P. O. Address..... *2301 Palmyra*

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.