

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11045**

Registrar's No. **641**

FILED MAR 22 1948
Registration District No. **378**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **8416 Tennessee ave.**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **8416 Tennessee ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Maggie Feikert**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Charles Feikert** 6. (c) Age of husband or wife if alive **7** years
7. Birth date of deceased **March 7 1857**
(Month) (Day) (Year)

8. AGE: Years **90** Months **11** Days **29** If less than one day **br. min.**

9. Birthplace **Milwaukee Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business

12. Name **Sebastian Mostert**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Feikert**
(b) Address **8416 Tennessee ave.**

17. (a) **Burial** (b) Date thereof **March 9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **C. Hoffmeister Undertaking Co.**
(b) Address **7814 S. Broadway**

19. (a) **3-8-48** (b) **Carley**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**
year **1948** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 3**, 19 **48**, to **March 5**, 19 **48**, that I last saw her alive on **March 5**, 19 **48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration **12 hrs**

Due to **830**

Due to

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)

23. Signature **A. M. Carter** and **M. D.**
Address **4145 a S. Grand** Date signed **3/6/48**

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.