S. No. 300
V. 10.48

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10018

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2097

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6207 Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 6207 Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Feig

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Oct. 25, 1878
9. AGE (In years last birthday): 70 — If under 1 year: Months 4, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfgr.
11. BIRTHPLACE (State or foreign country): Altenburg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Feig
13b. MOTHER'S MAIDEN NAME: Anna Popp
14. NAME OF HUSBAND OR WIFE: Adeline Hoehn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Adeline Feig
ADDRESS: 6207 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) (1) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 5 years
(2) Carcinoma of Colon — 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1944 – Oct. 1946
19b. MAJOR FINDINGS OF OPERATION: – abdominoperineal resection of rectum in 1944 – Sig. colostomy for acute intestinal obstruction in Oct. 1946 –
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb – *, 19* 44 *, to* 3/4/ *, 19* 49 *, that I last saw the deceased alive on* 3/3/ *, 19* 49 *, and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reuben M. Smith (Degree or title) M.D.
23b. ADDRESS: 4145 – So. Grand
23c. DATE SIGNED: 3/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/7/49
24c. NAME OF CEMETERY OR CREMATORY: Pilgrims' Rest Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: MAR 7 1949
REGISTRAR'S SIGNATURE: Jr B Sasater
25. FUNERAL DIRECTOR'S SIGNATURE: Beiderwieden F.H.Inc.,
ADDRESS: 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Reuben M. Smith
4145 South Grand

7:00-8:00 P.M.

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 ——— Student Embalmer No. ———, working under my personal supervision.

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

Signed ———
Student Embalmer

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.