

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1950

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14499
State File No. 3281
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) <u>20 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		7099	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4312 Warne Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>4312 Warne Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Anna</u>		a. (First)		b. (Middle)		c. (Last) <u>Feick</u>	
4. DATE OF DEATH <u>April 6th, 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 13th, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>4</u> Day <u>23</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Sharhage</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Late August W. Feick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter L. Feick, 4515 Lindell Blvd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hoemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio Vascular disease with hypertension</u> DUE TO (c) <u>Arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>443X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1941</u> , to <u>April 6th 1950</u> , that I last saw the deceased alive on <u>April 6, 1950</u> , and that death occurred at <u>3:10 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James P. [Signature]</u>				23b. ADDRESS <u>6341 Grand</u>		23c. DATE SIGNED <u>4/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 8 1950</u>		REGISTRAR'S SIGNATURE <u>J. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>			

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

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.

Student
Student Embalmer

Signed Ralph C. Linden

Licensed Embalmer No. 1225

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.