

FILED AUG 5, 1950
St. Louis, Mo.
Reg # 86738

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25623
Registrar's No. 1675

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY ST. LOUIS, 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO. c. LENGTH OF STAY (In this place) 7 hrs
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL d. STREET ADDRESS (If rural, give location) 23 2221 S. 7th St., 1

3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) FEIGENBUTZ c. (Last) FEIGENBUTZ 4. DATE OF DEATH (Month) (Day) (Year) July 10, 1950

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Neger Married 8. DATE OF BIRTH 6-20-95 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Feigenbutz 13b. MOTHER'S MAIDEN NAME Rose Miller 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WWI 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION, ACUTE
ANTECEDENT CAUSES DUE TO (b) GENERALIZED ARTERIOSCLEROSIS, SEVERE
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) DIABETES MELLITUS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X
INTERVAL BETWEEN ONSET AND DEATH 260X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] 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) 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 11:00PM 7-9 1950, to 6:05AM 7-10 1950, and that death occurred at 6:05A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] CHIEF, PROFESSIONAL SERVICES 23b. ADDRESS JEFF. BRKS, MO. 23c. DATE SIGNED 7-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-13-1950 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. 7-11-50 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WEICH BROTHERS, St. Louis, Mo.

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 *James R. Dunn*

Licensed Embalmer No. 4527

P. O. Address: 2201 S. Grand Bl.

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.