

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42231
10233

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 4 da.		d. STREET ADDRESS (If rural, give location) 5916 Leona	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.			

3. NAME OF DECEASED (Type or Print) Adalia Johanna Feistel			4. DATE OF DEATH (Month) (Day) (Year) 11 29 50		
a. (First)	b. (Middle)	c. (Last)	5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 25, 1886			9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME John Jansen		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Wm. Feistel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no		16. SOCIAL SECURITY NO. non	
17. INFORMANT'S SIGNATURE OR NAME Wm. Feistel		ADDRESS 5916 Leona			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 da.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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		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)	
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? H201	

22. I hereby certify that I attended the deceased from **Nov 25, 1950**, to **Nov 29, 1950**, that I last saw the deceased alive on **Nov 29, 1950**, and that death occurred at **2:53 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert A. Hockett M.D.		23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 11-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-2-50		24c. NAME OF CEMETERY OR CREMATORY Saint Paul's Churchyd	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home			
25. ADDRESS 6322 Grand Blvd.		DATE REC'D BY LOCAL REG. DEC 18 1950			

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

Jordan

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

David Van Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.