

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14048

FILED APR 20 1951

State File No. 31890

31890

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		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 Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS		0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE				d. STREET ADDRESS (If rural, give location) 230 NORTH 5TH			
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) _____ c. (Last) _____		JOSEPH FEANGER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 1 1951			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH 26 MARCH 51	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME GLADYS FEANGER		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Feanger, Festus, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY				INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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? 776X			
22. I hereby certify that I attended the deceased from 26 MARCH, 1951 , to 1 APRIL, 1951 , that I last saw the deceased alive on 1 APRIL, 1951 , and that death occurred at 11⁰ A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Robert John Burke M.D. (Degree or title)				23b. ADDRESS ST MARY'S GROUP HOSPITALS ST LOUIS		23c. DATE SIGNED 1 APRIL 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-1-51		24c. NAME OF CEMETERY OR CREMATORY Methodist		24d. LOCATION (City, town, or county) (State) Festus, Mo.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE APR 2 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Festus, 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 _____ No Embalm

Licensed Embalmer No. _____

P. O. Address _____

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.