

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42916

State File No. 11299

FILED JAN 10 1952

1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 11299

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ¹ OR TOWN Edwardsville 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 516 Gueltig	
3. NAME OF DECEASED (Type or Print) a. (First) Hilda b. (Middle) G. c. (Last) Feldworth		4. DATE OF DEATH (Month) (Day) (Year) ec. 19, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 27, 1909
9. AGE (In years last birthday) 42		10. UNDER 1 YEAR Months Days	11. UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Edwardsville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George Feldworth		13b. MOTHER'S MAIDEN NAME Laura I. Wilkins	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 332-07-8440		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George F. Feldworth, Edwardsville, Ill.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Stroke</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor (glioma of occipital lobe on CT.)		INTERVAL BETWEEN ONSET AND DEATH? 6 mo.?
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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. Diabetes mellitus		10 yrs.		

19a. DATE OF OPERATION 12-19-51		19b. MAJOR FINDINGS OF OPERATION Ventriculogram - Needle biopsy of tumor		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 192X	

22. I hereby certify that I attended the deceased from 11-14, 1951, to 12-19, 1951, that I last saw the deceased alive on 12-19, 1951, and that death occurred at 2³⁰ P. M., from the causes and on the date stated above.

23a. SIGNATURE Geo. W. Stueck, M.D. (Degree or title)		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 12-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 12-19-51		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Edwardsville, Ill.					

DATE READ BY LOCAL REG. 12-20-51		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schneider Funeral Home, Edwardsville, Ill.	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed No Embal

Signed.....
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 42916

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 11299

On this _____ day of _____, 194____, before me appears _____

for Walter G. Salderson, who, upon _____ oath, states that the original record of ^{birth} death
_{died} 12-19, 1951 in the State of
_{born} Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles H. Hoyer F. D.
Relationship: _____

4700 Washington
Present Address.

Subscribed and sworn to before me this 27 day of Jan, 1952

My Commission expires 3-4-53 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.