

No. 300
10.48

XC 1 721 260

Reg. # 101 238

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15155

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6676 Registrar's No. 956

4000

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>10 minutes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>	
		d. STREET ADDRESS (If rural, give location) <u>7320 MYRTLE AVENUE</u>	

3. NAME OF DECEASED a. (First) <u>CHARLES</u> (Type or Print)		b. (Middle) <u>G.</u>		c. (Last) <u>FEEGLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-52</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-1-90</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOHN FEEGLE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY RUPPERT</u>		14. NAME OF HUSBAND OR WIFE <u>ETTA FEEGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>488 07 8794</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		DUE TO (b) <u>HYPERTENSIVE VASCULAR DISEASE</u>			<u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>			<u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>VA</u>		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 4-8-52, 1952, to 4-8-52, 1952, ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 11:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. P. Kaminiskas M.D.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS, MO.</u>		23c. DATE SIGNED <u>4-9-52</u>	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>	
---	--	---------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>4-10-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Drake M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIDEN FUNERAL HOME, ST. LOUIS, MO.</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

1936 St. Louis Avenue

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.