

18762

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10-48

FILED MAY 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1050

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		b. COUNTY _____	
c. LENGTH OF STAY (If this place) <u>Infant</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3335A Clara</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tina</u>			b. (Middle) <u>Feldaker</u>			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 20 1952</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>UNKNOWN</u>		9. AGE (In years last birthday) <u>Alt 63</u>		IF UNDER 1 YEAR Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Physician</u>				11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Morris Feldaker</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Feldaker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>			17. INFORMANT'S SIGNATURE OR NAME <u>MAURI FELDKER</u>			ADDRESS <u>St. Louis Co. Hosp.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>								
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>							UNKNOWN	
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4700</u>								

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) (Min.) _____			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 April 17, 1952 to April 20, 1952, that I last saw the deceased alive on April 20, 1952, and that death occurred at 3:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Keigeland</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>31 North Bentwood Blvd Clayton 5, MO.</u>		23c. DATE SIGNED <u>April 21, 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesid Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>	
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DATE REC'D BY LOCAL REG. <u>4-21-52</u>		REGISTRAR'S SIGNATURE <u>Nestor R. Donke MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harman Rudolph</u>		ADDRESS <u>5216 Delmar</u>	
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SW (Licensed Embalmer's Statement on Reverse Side)

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.....  
Student Embalmer

Signed

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.