

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32927

FILED OCT 1 1952

1003

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>85041</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ill</b> b. COUNTY <b>RR #2</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Elmo</b>		<b>8121</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Childrens</b>				d. STREET ADDRESS (If rural, give location) <b>R.R. #2</b>			
3. NAME OF DECEASED (Type or Print) <b>Gerwaldine Lucille</b>			a. (First)	b. (Middle)	c. (Last) <b>Feezel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 8 1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>7-16-39</b>		9. AGE (in years last birthday) <b>13</b>	if UNDER 1 YEAR Months <b>1</b> Days <b>23</b>	if UNDER 24 Hrs. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>school</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>James Feezel</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Krays</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>nil</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James Feezel, St. Elmo, Ill.</b>		ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pyelonephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Double ureter &amp; Kidney pelvis, Left Byn</b> <b>DUE TO (c)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>757.3</b>			
22. I hereby certify that I attended the deceased from <b>7/27</b> , 19 <b>52</b> , to <b>9/8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9/8</b> , 19 <b>52</b> , and that death occurred at <b>8:45A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John C. Herweg M.D.</b> (Degree or title)				23b. ADDRESS <b>Childrens Hospital</b>		23c. DATE SIGNED <b>9/8/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9/8/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>Fayette County, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>SEP 9 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington</b>			

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton H. Remeluro

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.