

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27278**

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1934**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington Mo. 4830	
c. LENGTH OF STAY (in this place) abt. 2 YEARS		d. STREET ADDRESS (If rural, give location) RR.#6 Box 2370 Sappington Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR.#6 Box 2370 Sappington Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) _____ c. (Last) Feger	
4. DATE OF DEATH (Month) (Day) (Year) July 12 1953		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 23 1880		9. AGE (In years last birthday) 72 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Own		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Feger Sr		13b. MOTHER'S MAIDEN NAME Julia Beisigle	
14. NAME OF HUSBAND OR WIFE Mattie Feger		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 HATTIE FEGER ADDRESS RR#6 Box 2370 SAPPINGTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of rectum		INTERVAL BETWEEN ONSET AND DEATH 12.8.51	
*This does not mean the mode of dying, such as heart failure, asthma, 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) 154X	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Emphysem abdominal	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoid colon	
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?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at IOA m., from the causes and on the date stated above.	
23a. SIGNATURE Philip Schumacher M.D. (Degree or title)		23b. ADDRESS 1703 S Grand	
23c. DATE SIGNED 7.13.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	
24b. DATE 7/15/53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Wm Schumacher ADDRESS 3013 Meramec	
DATE REC'D BY LOCAL REG. 7-13-53		REGISTRAR'S SIGNATURE Herbert R. Domb M.D.	

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

Jack Haupt

Licensed Embalmer No. *7746*

P. O. Address *St. Louis*

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.