

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44195

FILED JAN 5 1954

State File No. _____
Registrar's No. 11835

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Patterson</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Anthony Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>1170 /</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u>		b. (Middle) <u>A.</u>	c. (Last) <u>FEEGLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14 1953</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>May 13, 1894</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months	
# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoisting Engineer-Conduit Cons't. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Chester, Ill.</u>			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>John Feegle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ruppert</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Feegle</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-10-0327</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Feegle Patterson, Mo.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>Indefinite</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lobar Pneumonia</u>			<u>Indefinite</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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>260X</u>			
22. I hereby certify that I attended the deceased from <u>Dec 13, 1953</u> , to <u>Dec. 14, 1953</u> , that I last saw the deceased alive on <u>Dec 14, 1953</u> , and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Ed Wilcox M.D.</u>		23b. ADDRESS <u>3175 Franklin Ave. St. Louis, Mo.</u>		23c. DATE SIGNED <u>12-15-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 15 1953</u>		REGISTRAR'S SIGNATURE <u>Ed Wilcox</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Edwin M. Heruath*.....

Licensed Embalmer No. *3024*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.